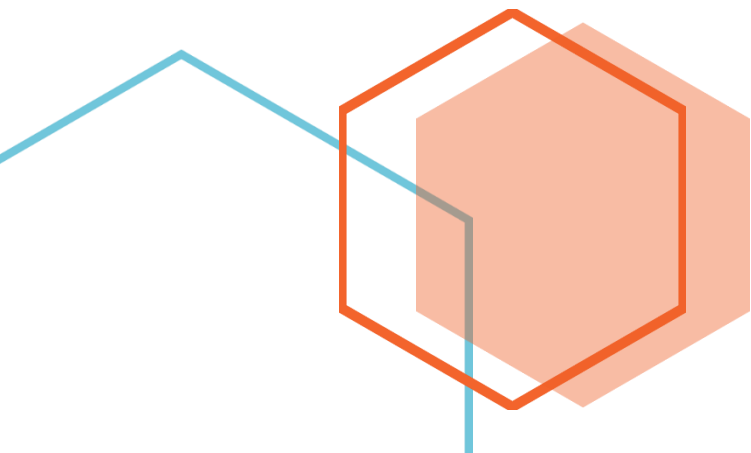




# ***Benefits Administrator's Manual***

## ***Chapter 3***

### ***Managing employee accounts***



## Contents

|   |    |
|---|----|
| Employee enrollment.....  | 4  |
| Dual enrollment .....   | 4  |
| Benefit enrollment.....   | 5  |
| Employees anticipated to work at least 630 hours per school year .....  | 5  |
| Employees eligible under locally negotiated criteria .....  | 5  |
| Manually add a newly eligible employee record .....   | 6  |
| Manually create an employee record:.....  | 7  |
| Entering foreign addresses .....  | 9  |
| Enrollment documents awaiting review .....  | 10 |
| Processing rejected OCR'd forms.....  | 10 |
| Dependent verification .....  | 11 |
| Dependent eligibility.....  | 11 |
| Dependent verification requirements .....   | 11 |
| Verifying the dependent .....   | 12 |
| Special open enrollment .....   | 15 |
| Verify a special open enrollment event .....  | 16 |
| Search for an employee record.....  | 17 |
| Manage an employee's record .....   | 18 |
| Print a Statement of Insurance .....  | 20 |
| Employee enrollment.....  | 22 |
| Employee .....  | 22 |
| When employees can enroll and make changes .....  | 22 |
| Enroll an employee and their dependents .....   | 23 |
| Add eligible dependents .....   | 23 |
| Extended dependent.....   | 26 |
| Dependent with a disability during the SEBB Program's first annual open enrollment (10/1/2019-11/15/2019) ..... | 27 |
| Dependent with a disability .....   | 29 |
| Tobacco use premium surcharge attestations .....  | 30 |
| Spouse or state-registered domestic partner coverage premium surcharge.....                                     | 30 |
| Long-Term Disability (LTD) insurance .....  | 33 |
| Coverage elections.....   | 34 |
| Summary of Coverage Elections .....   | 37 |
| Update an employee's account .....  | 38 |

|  |    |
|--|----|
| Correct an employee's Social Security number .....                       | 38 |
| Correct a dependent's Social Security number .....                       | 39 |
| Change the employee's address, email address and/or phone numbers .....  | 40 |
| Change the dependent's address, email address and/or phone numbers ..... | 41 |
| Make changes to an employee's account.....                               | 42 |
| Annual open enrollment .....   | 42 |
| Special Open Enrollment.....   | 42 |
| Change plans and add/remove dependents.....                              | 43 |
| Transfer an employee .....   | 48 |
| Losing SEBB organization .....   | 48 |
| Gaining SEBB organization .....  | 49 |
| Termination coverage and/or employment .....                             | 52 |
| Reinstatement.....   | 54 |

## Employee enrollment

Employees must complete enrollment (online or paper form) indicating their enrollment elections, including the election to waive medical. Enrollment elections and dependent verification documents must be **received** as follows:

- **Annual open enrollment**– No later than the last day of open enrollment. The initial open enrollment will be October 1, 2019 through November 15, 2019.
- **Newly eligible employees** – No later than **31 days** after the date the employee becomes eligible for benefits. (*Generally the first day of work*).
- **Special open enrollment** – No later than **60 days** after the date of the event that triggered the special open enrollment.

## Dual enrollment

Dual enrollment in SEBB coverage is not permitted for employees or dependents. ([WAC 182-31-070](#))

When an employee or dependent is added to SEBB My Account, the system searches for existing enrollment. If the employee or dependent is already in the SEBB medical, dental, or vision coverage, enrollment will not be allowed.

An eligible employee may waive SEBB medical and enroll as a dependent under their spouse, state-registered domestic partner, or parent's account. The employee cannot waive dental or vision.


If an employee is anticipated to work at least 630 hours per school year ([WAC 182-08-040](#)) at two different SEBB organizations, the employee must choose to enroll under only one SEBB organization.

If an employee is anticipated to meet the requirements of locally negotiated eligibility (WAC 182-30-130) at two different SEBB organizations, the employee must choose to enroll under only one SEBB organization.

If an employee is anticipated to be eligible for benefits under both WAC 182-08-040 and WAC 182-30-130, the employee is eligible under WAC 182-31-040.

If a record is uploaded for an employee who is already in SEBB My Account, you will receive a duplicate record message on the error file. If you manually enter an employee who is already in SEBB My Account, you will receive the following message:

Add subscriber

 Record found that cannot be automatically transferred

Mouse, Minnie, 123456789  
Agency: ADNA SCHOOL DISTRICT 226  
Benefit specialist: Mary Stewart  
mary.stewart@SebbOrg.edu (360)-585-6798

Please contact the organization listed to have the employee's record ended with a 'Transfer Out' reason code.

✕ Cancel

## Benefit enrollment

| Employees anticipated to work at least 630 hours per school year | Employees eligible based on locally negotiated criteria            |
|--|--|
| Medical  | Medical  |
| Dental   | Dental   |
| Vision   | Vision   |
| Basic Life and AD&D and Supplemental Life and AD&D               | Basic Life and AD&D<br>Not eligible for supplemental life and AD&D |
| Basic and Supplemental Long-Term Disability                      | Not eligible   |
| Medical Flexible Spending Arrangement (FSA)                      | Not eligible   |
| Dependent Care Assistance Program (DCAP)                         | Not eligible   |

### Employees anticipated to work at least 630 hours per school year

If the SEBB organization must receive the newly eligible employee's elections no later than 31 days after the date of eligibility, the employee will be defaulted as follows: Uniform Medical Plan (UMP) Achieve 1, Uniform Dental Plan, MetLife vision plan, basic life, and basic LTD as a single subscriber (no dependents enrolled). In addition, the employee will be defaulted to incur the \$25 monthly tobacco use premium surcharge in addition to the monthly medical premiums

The employee will automatically be defaulted in SEBB My Account on day 32.

Elections submitted to the SEBB organization through SEBB My Account or paper form:

- Medical, dental and vision elections
- Valid dependent verification documents, if employee is enrolling dependents
- Supplemental long-term disability

Elections submitted directly to the carrier:

- MetLife through the MetLife My Benefits portal or paper form
- Medical Flexible Spending Arrangement (FSA) and Dependent Care Assistance Program (DCAP) elections
  - Annual open enrollment – Navia Benefits Solutions website or paper form
  - Newly eligible employee or special open enrollment – paper form

### Employees eligible under locally negotiated criteria

SEBB organizations who have locally negotiated benefits must:

- Provide a current ratified collective bargaining agreement (CBA), and information on all eligible employees under the CBA to HCA by the start of the school year.

- Offer all of, and only, the SEBB benefits listed in the chart above to employees and their dependents.
- Provide an employer contribution as described in WAC 192-30-130.
- May only consider employees whose services are substantially in the performance of essential governmental functions, but not in the performance of commercial activities qualify as essential governmental functions to be eligible.
- Must notify HCA each time the CBA is renegotiated.

The SEBB organization must receive the newly eligible employee's elections no later than 31 days after the date of eligibility, the employee will be defaulted as follows: Uniform Medical Plan (UMP) Achieve 1, Uniform Dental Plan, MetLife vision plan, and basic life as a single subscriber (no dependents enrolled). In addition, the employee is defaulted to incur the \$25 monthly tobacco use premium surcharge in addition to the monthly medical premium.

The employee will automatically be defaulted in SEBB My Account on day 32.

Elections submitted to the SEBB organization:

- Medical, dental, and vision elections
- Valid dependent verification documents, if employee is enrolling dependents

## Manually add a newly eligible employee record

Manually adding an employee record requires SEBB My Account Admin or Edit access.

The employee record must exist in SEBB My Account in order for the employee to create a login and enroll themselves and their family in benefits.

This record can be created by uploading an eligibility file (see Chapter 2 for instructions) or by manually creating a record.

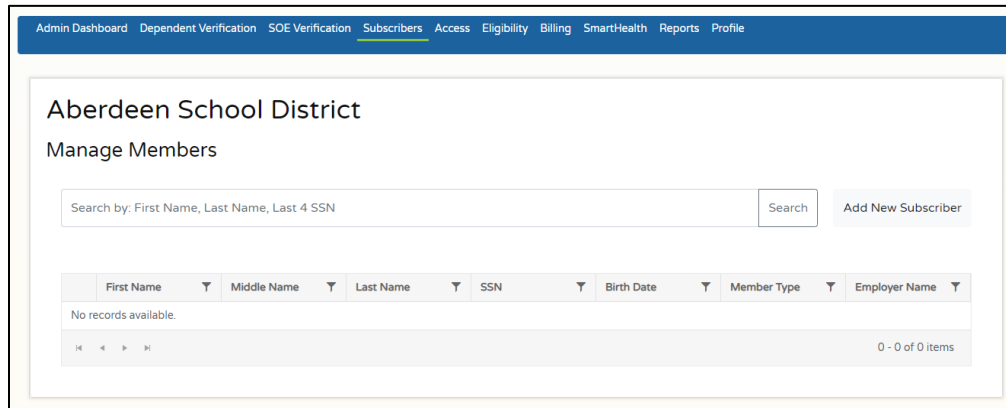


When entering data:

- An asterisk indicates the field is required.
- If formatting is correct, the box will be outlined in green, if the formatting is incorrect the box will be outlined in red. Make the correction to save the record.

## Manually create an employee record:

1. Log into SEBB My Account.
2. From the Administrative dashboard, click 'Manage subscribers'.



Admin Dashboard Dependent Verification SOE Verification Subscribers Access Eligibility Billing SmartHealth Reports Profile

### Aberdeen School District

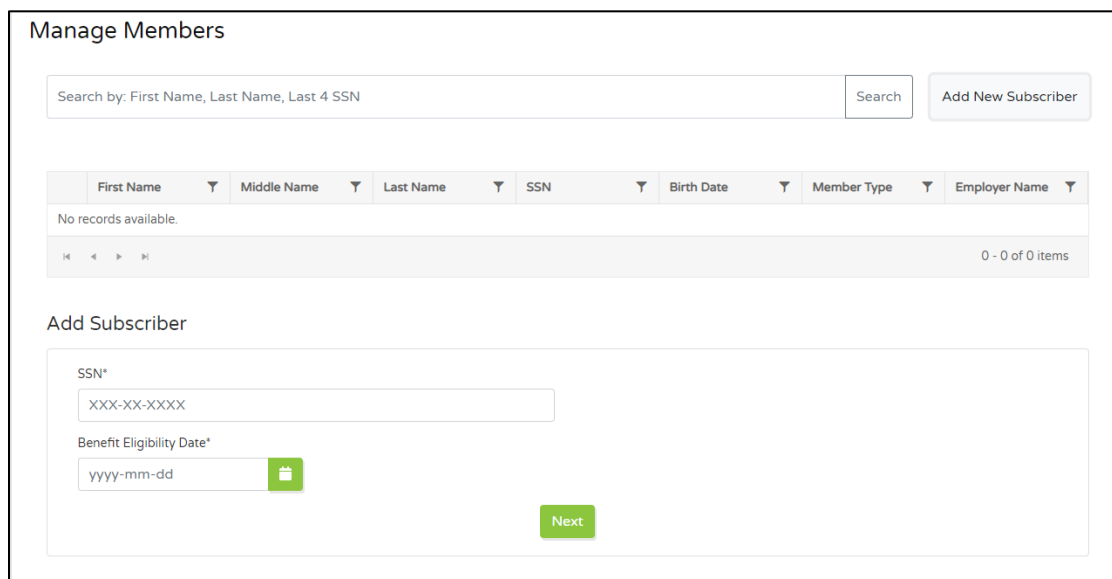
#### Manage Members

Search by: First Name, Last Name, Last 4 SSN

| First Name            | Middle Name | Last Name | SSN | Birth Date | Member Type | Employer Name |
|-----------------------|-------------|-----------|-----|------------|-------------|---------------|
| No records available. |             |           |     |            |             |               |

0 - 0 of 0 items

3. Click 'Add new subscriber'.



#### Manage Members

Search by: First Name, Last Name, Last 4 SSN

| First Name            | Middle Name | Last Name | SSN | Birth Date | Member Type | Employer Name |
|-----------------------|-------------|-----------|-----|------------|-------------|---------------|
| No records available. |             |           |     |            |             |               |

0 - 0 of 0 items

#### Add Subscriber

SSN\*  
XXX-XX-XXXX

Benefit Eligibility Date\*  
yyyy-mm-dd

4. Enter the employee's social security number in the SSN field. Format xxxxxxxxxx.
5. Click the button next to the Benefit eligibility date, select the date the employee became eligible to apply for benefits. Format mm/dd/yyyy. (See Chapter 1 of this manual for a definition of the eligibility date.)

6. Click 'Next'.

### Add subscriber

|   |   |  |                         |
|---|---|--|-------------------------|
| Last name*                              |   | First name*                            |                         |
| <input type="text"/>                    |   | <input type="text"/>                   |                         |
| Middle name                             |   | SSN*                                   |                         |
| <input type="text"/>                    |   | <input type="text" value="987563214"/> |                         |
| Email                                   |   |  |                         |
| <input type="text" value="email"/>      |   |  |                         |
| Suffix                                  | Birth date*                             | Birth sex*                             |                         |
| <input type="text" value="JR, SR"/>     | <input type="text" value="mm/dd/yyyy"/> | <input type="text"/>                   |                         |
| Home phone number                       |   |  |                         |
| <input type="text"/>                    |   |  |                         |
| Work phone number                       |   |  |                         |
| <input type="text"/>                    |   |  |                         |
| Eligibility reason*                     | Benefit eligibility date*               | Anticipated 630 hours/year*            | Employee monthly salary |
| <input type="text"/>                    | <input type="text" value="07/01/2019"/> | <input type="text"/>                   | <input type="text"/>    |
| Hire date*                              |   |  |                         |
| <input type="text" value="mm/dd/yyyy"/> |   |  |                         |
| Is this employee represented?*          |   |  |                         |
| <input type="text" value="No"/>         |   |  |                         |

#### Residential address

|   |                      |                      |                      |
|---|----------------------|----------------------|----------------------|
| Address line 1*                               |                      |                      |                      |
| <input type="text" value="Street #, Street"/> |                      |                      |                      |
| Address line 2                                |                      |                      |                      |
| <input type="text" value="Unit #, Suite #"/>  |                      |                      |                      |
| City*   | State/Province*      | County*              | Zip code*            |
| <input type="text"/>                          | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Country*                                      |                      |                      |                      |
| <input type="text" value="United States"/>    |                      |                      |                      |



Do not include special characters or accent marks in a name. *For example, enter OHara instead of O'Hara.*

7. Enter the employee's Last name, First name, and Middle name (Middle name is not required).
8. The SSN field will be populated with the SSN entered on the first page.



9. Enter the email address, if available. Otherwise, leave blank.
10. Enter a Suffix, if applicable. Otherwise, leave blank.
11. Enter the Birth date.
12. Select the Birth sex from the drop-down. The choices include: Male and Female.
13. Enter the employee's home phone number and work phone number, if available. Otherwise, leave blank.
14. Enter the employee's hire date.
15. The Benefit eligibility date will be pre-populated with the date entered on the previous page. This date will start the 31-day clock for the employee to make plan selections.
16. 'Anticipated 630 hours/year', select 'Yes' or 'No' from the drop-down.
17. Enter the employee's monthly salary. You do not need to update this field when the employee's salary changes.
18. Enter the date of hire. The format is mm/dd/yyyy. The date of hire may be the same as or different than the date of eligibility.
19. 'Is the employee represented?', select 'Yes' or 'No' from the drop-down.
20. Enter the employee's Residential Address, including the county if the employee lives in Washington. Use USPS punctuation standards. A complete guide to USPS standards is available at: <http://pe.usps.com/text/pub28/welcome.htm>.

This is the address all mailings will be sent to, unless the employee adds a mailing address.

### Entering foreign addresses

In the State field, if the address is:

- In Canada, enter the Canadian Province (see chart below)
- A military address, enter the military state code (see chart below)
- Any other country, enter 'ZZ'

#### Canadian Province Codes:

|    |                           |    |                      |
|----|---------------------------|----|----------------------|
| AB | Alberta                   | NU | Nunavut              |
| BC | British Columbia          | ON | Ontario              |
| MB | Manitoba                  | PE | Prince Edward Island |
| NB | New Brunswick             | QC | Quebec               |
| NL | Newfoundland and Labrador | SK | Saskatchewan         |
| NT | Northwest Territories     | YT | Yukon                |
| NS | Nova Scotia               |    |                      |

### Military State Codes:

|    |                             |
|----|-----------------------------|
| AA | Armed Forces (the Americas) |
| AE | Armed Forces Europe         |
| AP | Armed Forces Pacific        |

Select the country from the drop-down menu.

21. Click 'Submit changes'. The employee record is ready for the employee to log in and make their plan selections. If the employee fails to submit their elections within the required 31 days of their date of eligibility, the employee is automatically defaulted into: UMP Achieve 1, Uniform Dental Plan, and MetLife Vision plan, and will also pay the \$25 tobacco use premium surcharge in addition to the monthly medical premium

## Enrollment documents awaiting review

Reviewing enrollment documents requires SEBB My Account Admin or Edit access.

Employees may choose to enroll via a paper enrollment form instead of using SEBB My Account. If you receive paper enrollment forms by the required deadline, review the form to ensure all required information is included and is legible.

There are three options to handle paper enrollment forms:

- Manually enter the enrollment into SEBB My Account. Refer to '[Manually add a newly eligible employee](#)'.
- Fax the *Employee Enrollment* form to the SEBB Program (360-725-0771).
- Mail the *Employee Enrollment* form to The SEBB Program, PO Box 42720, Olympia, WA 98504-2720.

If you choose to fax or mail the form, it will be processed through the Optical Character Recognition (OCR) software (see below). However, if the form is incomplete or illegible, the form will be rejected and moved to SEBB My Account 'enrollment docs waiting review' for your reconciliation. To expedite the enrollment process, the recommendation is to manually enter the enrollment.

## Processing rejected OCR'd forms

If a form is rejected by the OCR software, review the form for missing or illegible information.

You can either:

- Enroll the employee manually, or
- Have the employee complete a new form and submit the form to the SEBB Program through fax or mail. The form will be processed through the OCR software and reviewed again for completeness or legibility

## Dependent verification

Verifying dependents requires SEBB My Account Admin or Edit access.

### Dependent eligibility

Eligible dependents include:

- Legal Spouse. Former spouses are not eligible upon finalization of a divorce or annulment.
- State-registered domestic partner, as defined in RCW 26.60.020(1) and substantially equivalent legal unions from other jurisdictions as defined in RCW 26.60.090. Former state-registered domestic partners are not eligible upon dissolution or termination of a partnership.
- Children through the last day of the month of their 26<sup>th</sup> birthday.
  - Children based on establishment of a parent-child relationship as described in RCW 26.26.101, unless parental rights have been terminated.
  - Stepchildren (not legally adopted). Children of the spouse or state-registered domestic partner. The stepchild's relationship ends on the same date of the divorce, annulment, dissolution, termination, or death.
  - Children for whom the subscriber has assumed legal obligation for total or partial support in anticipation of adoption.
  - Children specified in a court order or divorce decree for whom the subscriber has a legal obligation to provide health coverage.
  - Children with a developmental or physical disability that renders the child incapable of self-sustaining employment and is chiefly dependent on subscriber for support. The disability must occur prior to age 26. Certification by The SEBB Program is required once the child turns 26 years of age.
  - Children in legal custody or legal guardianship of the subscriber or the subscriber's spouse or state-registered domestic partner (Extended Dependent). This does not include foster children unless the employee, employee's spouse or state-registered domestic partner has assumed legal obligation for total or partial support in anticipation of adoption. Certification is required by The SEBB Program.

### Dependent verification requirements

Employees must provide verification documents when they add dependents to medical, dental, and/or vision coverage. A spouse or state-registered domestic partner, where the legal union or state-registration is from a state other than Washington, the SEBB Program must review and determine if the union is 'substantially equivalent' to the State of Washington domestic partnership. The employee should not upload the documents in SEBB My Account. Instead, the employee should provide the benefits administrator with the dependent verification documents. The documents should be sent to the SEBB Program through FUZE or fax.

The verification documents must be received within the deadline for the enrollment –

- **Annual open enrollment** – no later than the last day of open enrollment

- **Newly eligible employees** – no later than 31 days after the date of eligibility
- **Special open enrollment** – no later than 60 days after the date of the event

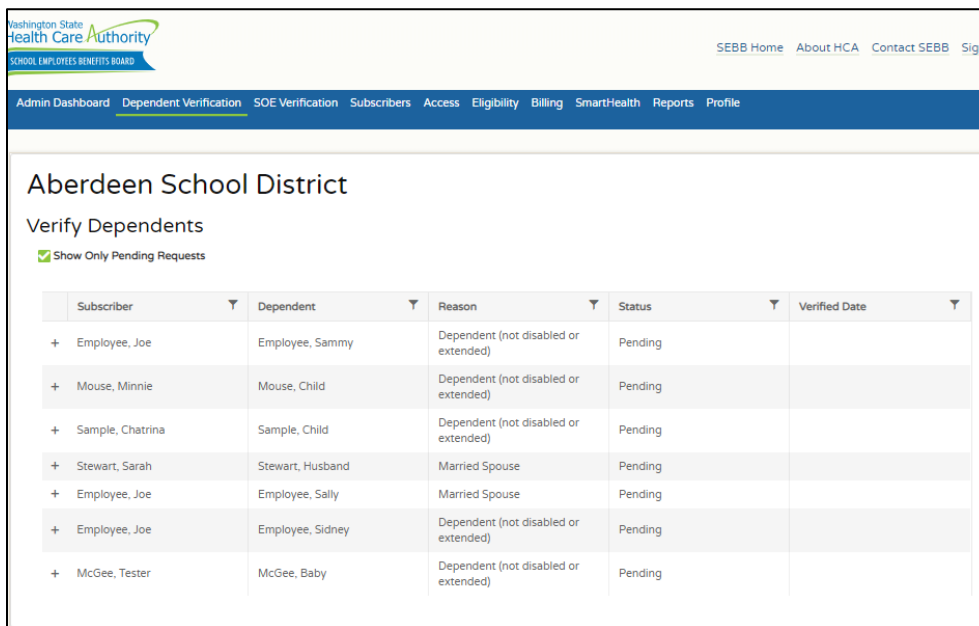
Valid dependent verification documents are outlined in SEBB Administrative Policy 31-1. If you have any questions as to what is acceptable dependent verification, contact Outreach and Training through [FUZE](#) or call 1-800-700-1555.

The dependent is not enrolled until the verification process has been completed.

*Note: The HCA auditors will conduct auditing review of dependent verification completed by the third party vendor and the SEBB organizations. Approvals or denials may change based on their determination.*

## Verifying the dependent

1. From the Admin dashboard, select the 'Dependent Verification' tile. A list of employees with dependents requiring verification displays.



| Subscriber       | Dependent        | Reason                               | Status  | Verified Date |
|------------------|------------------|--------------------------------------|---------|---------------|
| Employee, Joe    | Employee, Sammy  | Dependent (not disabled or extended) | Pending |               |
| Mouse, Minnie    | Mouse, Child     | Dependent (not disabled or extended) | Pending |               |
| Sample, Chatrina | Sample, Child    | Dependent (not disabled or extended) | Pending |               |
| Stewart, Sarah   | Stewart, Husband | Married Spouse                       | Pending |               |
| Employee, Joe    | Employee, Sally  | Married Spouse                       | Pending |               |
| Employee, Joe    | Employee, Sidney | Dependent (not disabled or extended) | Pending |               |
| McGee, Tester    | McGee, Baby      | Dependent (not disabled or extended) | Pending |               |

- Click on the + next to the employee and dependent to be verified. The screen expands to include the document that was uploaded.

Washington State Health Care Authority  
SCHOOL EMPLOYEES BENEFITS BOARD

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Admin Dashboard **Dependent Verification** SOE Verification Subscribers Access Eligibility Billing SmartHealth Reports Profile

### Aberdeen School District

#### Verify Dependents

☒ Show Only Pending Requests

| Subscriber    | Dependent       | Reason                               | Status  | Verified Date |
|---------------|-----------------|--------------------------------------|---------|---------------|
| Employee, Joe | Employee, Sammy | Dependent (not disabled or extended) | Pending |               |

Subscriber: Employee, Joe

Dependent: Employee, Sammy

SSN: 999-99-0001

DOB: 11/19/2009

Relationship: Dependent (not disabled or extended)

Verification Documents

Tax Return  
Uploaded By: Tom Perspay  
On: 04/23/2019

☐ Verify ☐ Deny ☒ Pending

- Click on the document icon to open the document. Review and verify the document is valid, legible and complete. Refer to SEBB Administrative Policy 31-1 for valid dependent verification documents.

*Note: If you encounter a document that fails to load. Right-click on the little icon in the upper left corner. Select 'Open in new tab'. The DV document opens in a new tab for review.*



When the employee uploads dependent verification documents, if the employee selected the document applies to multiple dependents checkbox, the document will display for each dependent to be verified.

The document will automatically be deleted from SEBB My Account once the dependent is verified. However, due to HCA auditing review, documents may be kept in another database until review is completed.

If the verification is denied, the document will remain for 180 days as the employee can appeal the denial.

- To verify the dependent, click the checkbox next to Verify.

Use this section to review status of dependent verification requests for your organization. After review of documentation provided, either within SEBB My Account or in person, record verification results.

[Accepted documents for proof of eligibility](#)

☒ Show only pending requests

| Subscriber       | Dependent        | Reason         | Status  | Verified date |
|------------------|------------------|----------------|---------|---------------|
| + Sample, Sammy  | McGee, Adam      | Married Spouse | Pending |               |
| - Benefits, Jane | Benefits, Spouse | Married Spouse | Pending | 7/17/2019     |

Subscriber: Benefits, Jane  
 SSN: 523852852  
 DOB: 10/05/1980

Dependent: Benefits, Spouse  
 SSN: 852959595  
 DOB: 05/06/1975

Relationship: Married Spouse

Verification documents  
 Type: Marriage Cert/Fin Interdependency Proof  
 Uploaded by: Jane Benefits  
 On: 07/17/2019

☒ Verify ☐ Deny ☐ Pending

Verification status\*  
 [Dropdown menu]

Verify date\*  
 07/17/2019

Document type\*  
 [Dropdown menu]

Select the Verification Status from the drop-down menu. Choices include:

|                              |  |
|------------------------------|--|
| Verified                     | Employee submitted valid documents, dependent is verified                      |
| Verified Exempt              | Verified where at least one of the partners is age 62 or older                 |
| Verified Not WA Registration | Verified any other state equivalent of a state-registered domestic partnership |
| Verified WA Registration     | Verified WA registration   |

- Select the 'Document type' from the drop-down menu.
- To deny the dependent, click on the checkbox next to Deny. The screen expands to display a Verification status, Denied date and Document type.

Select the status from the 'Verification status' dropdown menu. Choices include:

|                         |  |
|-------------------------|--|
| Denied                  | The dependent is not eligible, based on WAC 182-31-140                       |
| Illegible               | Not able to read the document – poor quality, not in English                 |
| Incomplete              | All required documents were not submitted                                    |
| Invalid                 | The document is not valid  |
| No DV document provided | Employee did not provide documents or provided documents after the deadline. |

- The Denied date will default to today's date.

☒ Show only pending requests

|   | Subscriber     | Dependent        | Reason         | Status  | Verified date |
|---|----------------|------------------|----------------|---------|---------------|
| + | Sample, Sammy  | McGee, Adam      | Married Spouse | Pending |               |
| - | Benefits, Jane | Benefits, Spouse | Married Spouse | Pending |               |

Subscriber: Benefits, Jane  
SSN: 523852852  
DOB: 10/05/1980

Dependent: Benefits, Spouse  
SSN: 852959595  
DOB: 05/06/1975

Relationship: Married Spouse

Verification documents  
Type: Marriage Cert/Fin Interdependency Proof  
Uploaded by: Jane Benefits  
On: 07/17/2019

☐ Verify ☒ Deny ☐ Pending

Verification status\*  
Denied

Denied date\*  
07/17/2019

Document type\*  
Marriage Cert

|   |             |             |                |         |  |
|---|-------------|-------------|----------------|---------|--|
| + | Sample, Sam | McGee, John | Married Spouse | Pending |  |
|---|-------------|-------------|----------------|---------|--|

1 - 3 of 3 items

- Select the 'Document type' from the drop-down menu.
- Click 'Submit changes'.

## Special open enrollment

Approval or denial of a special open enrollment requires SEBB My Account Admin or Edit access.

Certain life events trigger a special open enrollment which allows employees to make changes outside of the annual open enrollment. Changes made must be allowable, correspond to, and be consistent with the event that created the special open enrollment.

To make changes, the employee must submit their changes, proof of the qualifying event, and any dependent verification (if dependent is added) no later than 60 days from the date of the event.

Changes are effective the first day of the month following the receipt of the form or request in SEBB My Account for most events.

Refer to SEBB Administrative Policy 45, Addendum 45-2A for a list of special open enrollment events, allowable changes, valid proof of the event, and effective dates.



If dependents were added during a special open enrollment, in addition to verifying the special open enrollment event with proof of the event, the dependent must be verified. If the special open enrollment event is approved, go to the 'Dependent verification' tile to verify the dependents.

## Verify a special open enrollment event

1. From the Admin dashboard, select the 'Special open enrollment verification' tile. A list of requested special open enrollments displays.

ADNA SCHOOL DISTRICT 226

Verify special open enrollment requests

☒ Show only pending requests

| Subscriber    | Type              | Status  | Verified date |
|---------------|-------------------|---------|---------------|
| + Sample, Sam | Birth or Adoption | Pending |               |

2. Select the '+' next to the name of the employee.

Verify special open enrollment requests

☒ Show only pending requests

| Subscriber       | Type              | Status  | Verified date |
|------------------|-------------------|---------|---------------|
| - Benefits, Jane | Birth or Adoption | Pending |               |

Verification Documents

Type: Birth Certificate  
Uploaded by: Jane Benefits  
On: 07/17/2019

☐ Verify ☐ Deny ☒ Pending

|               |                   |         |  |
|---------------|-------------------|---------|--|
| + Sample, Sam | Birth or Adoption | Pending |  |
|---------------|-------------------|---------|--|

3. Review the proof of the event. Approve or deny. Acceptable proof of the event is included in SEBB Administrative Policy 45-2, Addendum 45-2A. If you have question about the proof submitted, contact Outreach and Training through [FUZE](#).
4. If the employee added dependents as part of the special open enrollment event, go to the '[Dependent verification](#)' section of the manual and follow instructions to verify the dependent(s).



## Search for an employee record

Search requires SEBB My Account Admin, Edit, or Read only access.

1. Log into SEBB My Account.
2. From the Administrative dashboard, click on Manage subscribers.

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SCHOOL EMPLOYEES BENEFITS BOARD

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Admin Dashboard Dependent Verification SOE Verification Subscribers Access Eligibility Billing SmartHealth Reports Profile

### Aberdeen School District

#### Manage Members

Search by: First Name, Last Name, Last 4 SSN

| First Name            | Middle Name | Last Name | SSN | Birth Date | Member Type | Employer Name |
|-----------------------|-------------|-----------|-----|------------|-------------|---------------|
| No records available. |             |           |     |            |             |               |

0 - 0 of 0 items

Contact HCA

Accessibility Language Access Non-discrimination Privacy practices

Copyright ©2018 Washington Health Care Authority  
SEBB MyAccount v.1.0.190331.1

3. Enter the employee's First name, Last name, or last 4 of the SSN in the Search field. Click 'Search'. Results are returned based on the criteria entered.

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SCHOOL EMPLOYEES BENEFITS BOARD

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Admin Dashboard Dependent Verification SOE Verification Subscribers Access Eligibility Billing SmartHealth Reports Profile

### Aberdeen School District

#### Manage Members

Search by: First Name, Last Name, Last 4 SSN

| First Name               | Middle Name | Last Name | SSN      | Birth Date  | Member Type | Employer Name |                          |
|--------------------------|-------------|-----------|----------|-------------|-------------|---------------|--------------------------|
| <input type="checkbox"/> | Joe         | Bob       | Employee | XXX-XX-6456 | 6/25/1960   | Subscriber    | Aberdeen School District |

1 - 1 of 1 items

4. Select the checkbox next to the employee's name.
5. Click 'Manage associated subscriber. Use the tabs to view/change the employee's record.
6. The employee has access to make most of these changes through SEBB My Account. However, employees not comfortable with technology may choose to submit a form to their benefits administrator. These tabs allow you to make the requested enrollment or changes for the employee.

- **Employment** – Use this tab to change the anticipation of hours/year, represented or non-represented, terminate an employee’s employment, terminate an employee’s benefits, and transfer an employee to another SEBB organization.
- **Current coverage** – Use this tab to view plan enrollment, dependents enrolled on the account, attestations, and to print a Statement of Insurance.
- **Coverage election** – Use this tab to make changes to the employee’s medical, dental, and vision plan elections, and the employee’s and their dependent’s enrollment.
- **Supplemental coverage** – Use this tab to enroll an employee in supplemental long-term disability (LTD).
- **Attestations** – Use this tab to view or change the employee’s and their dependents’ attestations.
- **Members** – Use this tab to view and add dependents.
- **Upload** – Use this tab to upload and associate dependent verification and proof of a special open enrollment event.
- **Special Open Enrollment** – Use this tab to create a special open enrollment event for an employee.
- **Profile** – Use this tab to update the employee’s email address, phone number(s), and residential, mailing, and billing addresses.

## Manage an employee’s record

Record management requires SEBB My Account Admin or Edit access.

1. Log into SEBB My Account.
2. Search for the employee from the ‘Manage subscriber’ tab. For instruction on how to search, refer to the ‘Search for an employee record’ section of this manual.
3. Select the checkbox next to the employee’s name.

### Manage subscribers

Use this section to perform the following actions for subscribers (employees):

- Review your subscriber’s current account information and coverage selections.
- View and/or print your subscriber’s Statement of Insurance.
- Review your subscriber’s enrollment, dependents and benefit elections.

|                                     | First name | Middle name | Last name | SSN         | Birth date | Member type | Employer name            |
|-------------------------------------|------------|-------------|-----------|-------------|------------|-------------|--------------------------|
| <input checked="" type="checkbox"/> | Jane       |             | Benefits  | XXX-XX-2852 | 10/5/1980  | Subscriber  | ADNA SCHOOL DISTRICT 226 |

1 - 1 of 1 items

4. Click 'Manage associated subscriber'.

## Manage subscribers

Use this section to perform the following actions for subscribers (employees):

- Review your subscriber's current account information and coverage selections.
- View and/or print your subscriber's Statement of Insurance.
- Review your subscriber's enrollment, dependents and benefit elections.

|                                     | First name | Middle name | Last name | SSN         | Birth date | Member type | Employer name            |
|-------------------------------------|------------|-------------|-----------|-------------|------------|-------------|--------------------------|
| <input checked="" type="checkbox"/> | Jane       |             | Benefits  | XXX-XX-2852 | 10/5/1980  | Subscriber  | ADNA SCHOOL DISTRICT 226 |

1 - 1 of 1 items

Currently managing: Jane Benefits

Employment
Current Coverage
Coverage Elections
Supplemental Coverage
Attestations
Members
Upload
Special Open Enrollment
Profile

### Subscriber's Current Coverage

Statement of Insurance

Use this page to perform the following actions:

- Review subscriber's current account information and coverage selections
- View subscriber's Statement of Insurance
- Subscribe or unsubscribe from email notifications
- Review subscriber enrollment

#### Section A - Subscriber account information

Subscriber name: Jane Benefits  
County of residence: Lewis  
Email address: amy.corrigan@hca.wa.gov

☐ Subscriber wishes to receive email notifications from the SEBB program

---

Current medical plan: Not Enrolled  
Medical premium: \$0.00  
Tobacco use surcharge\*: \$0.00  
Spousal coverage surcharge\*: \$0.00  
Total: \$0.00  
\*Surcharges are in addition to the monthly medical premium.

Current dental plan: Not Enrolled  
Dental premium: Not Enrolled  
Current vision plan: Not Enrolled  
Vision premium: Not Enrolled

#### Section B - Subscriber and/or dependent coverage information

Coverage information  
Note: newly added dependents will not appear here unless they will receive coverage for the current year based on an event that creates a Special Open Enrollment.

| Member Name           | Medical effective dates | Dental effective dates | Vision effective dates |
|-----------------------|-------------------------|------------------------|------------------------|
| No records available. |                         |                        |                        |

Attestations  
Tobacco use premium surcharge:  
If subscriber responded NO for any of the dependents below, they either have not used tobacco products in the last two months, or are currently enrolled in subscriber's medical plan's tobacco cessation program (if ages 18 or older) or have accessed information and resources at [Smokefree Teen](#) (if ages 13-17). Enrolled dependents ages 12 and younger are automatically defaulted to NO. If the employee responded YES for themselves or any of the dependents listed below, they will be charged the monthly \$25 per-account premium surcharge in addition to their monthly medical premiums.

| Member name           | Tobacco use |
|-----------------------|-------------|
| No records available. |             |

Subscriber will pay the spouse or state-registered domestic partner surcharge: No

Select the [Statement of Insurance](#) button at the top of this page to get a PDF statement showing all of subscriber's insurance coverages, except supplemental life insurance, as of today. Go to the [MetLife MyBenefits portal](#) to view your supplemental life and accidental death and dismemberment insurance.

## Print a Statement of Insurance

- The Statement of Insurance shows the employee's current enrollment and elections, including dependents enrolled on the account. The Statement of Insurance does not show changes to the account that have not become effective. *Note: The HCA auditors will conduct auditing review of dependent verification completed by the third party vendor and the SEBB organizations. Approvals or denials may change based on their determination.*



Employees have the ability to log into SEBB My Account and print the Statement of Insurance themselves.

- Log into SEBB My Account. Follow the steps in '[Manage an employee's record](#)' section of this manual to access the employee's record.
- From the Current coverage tab, click 'Statement of Insurance'.

**Manage subscribers**

Use this section to perform the following actions for subscribers (employees):

- Review your subscriber's current account information and coverage selections.
- View and/or print your subscriber's Statement of Insurance.
- Review your subscriber's enrollment, dependents and benefit elections.

benefits  Search

|                                     | First name | Middle name | Last name | SSN         | Birth date | Member type | Employer name            |
|-------------------------------------|------------|-------------|-----------|-------------|------------|-------------|--------------------------|
| <input checked="" type="checkbox"/> | Jane       |             | Benefits  | XXX-XX-2852 | 10/5/1980  | Subscriber  | ADNA SCHOOL DISTRICT 226 |

1 - 1 of 1 items

Currently managing: Jane Benefits

Employment **Current Coverage** Coverage Elections Supplemental Coverage Attestations Members Upload Special Open Enrollment Profile

**Subscriber's Current Coverage**

Use this page to perform the following actions:

- Review subscriber's current account information and coverage selections
- View subscriber's Statement of Insurance
- Subscribe or unsubscribe from email notifications
- Review subscriber enrollment

Section A - Subscriber account information

|                      |                         |
|----------------------|-------------------------|
| Subscriber name:     | Jane Benefits           |
| County of residence: | Lewis                   |
| Email address:       | amy.corrigan@hca.wa.gov |

Subscriber wishes to receive email notifications from the SEBB program

3. If the statement does not open automatically, click the PDF in the tray at the bottom lower left of your screen. Choose 'Open'.

Washington State  
Health Care Authority

SCHOOL EMPLOYEES BENEFITS BOARD

STATEMENT OF INSURANCE

THIS STATEMENT SUMMARIZES YOUR INSURANCE COVERAGES WITH THE HEALTH CARE AUTHORITY. IF THIS STATEMENT DISAGREES WITH YOUR RECORDS, PLEASE CONTACT YOUR EMPLOYER'S PERSONNEL, PAYROLL, OR BENEFITS OFFICE (IF YOU ARE AN EMPLOYEE) OR SEBB BENEFITS SERVICES AT 1-800-200-1004 (IF YOU ARE A RETIREE, COBRA, OR LEAVE WITHOUT PAY SUBSCRIBER).

JOE EMPLOYEE  
123 MAIN STREET  
OLYMPIA, WA 98504

PRINT DATE: 04/02/2019  
EMPLOYER: TEST SCHOOL

| ENROLLMENT INFORMATION |                                   |                                  |                                  |
|------------------------|-----------------------------------|----------------------------------|----------------------------------|
| MEMBER NAME            | MEDICAL COVERAGE<br>ENROLLED DATE | DENTAL COVERAGE<br>ENROLLED DATE | VISION COVERAGE<br>ENROLLED DATE |
| EMPLOYEE, JOE          | 04/01/2019                        | 04/01/2019                       | 04/01/2019                       |

HCA-SPONSORED COVERAGE

MEDICAL COVERAGE PROVIDED BY: UNIFORM MEDICAL PLAN CLASSIC

MEDICAL PREMIUM: \$100.00  
TOBACCO SURCHARGE: \$0.00  
SPOUSAL/STATE-REGISTERED DOMESTIC PARTNER PREMIUM SURCHARGE: \$0.00

DENTAL COVERAGE PROVIDED BY: UNIFORM DENTAL PLAN

DENTAL PREMIUM: \$0.00

VISION COVERAGE PROVIDED BY: UNIFORM VISION PLAN

VISION PREMIUM: \$0.00  
TOTAL MONTHLY PREMIUM: \$100.00

HCA LIFE INSURANCE COVERAGE

ALL LIFE INSURANCE IS ADMINISTERED BY METLIFE. IF YOU HAVE QUESTIONS ABOUT YOUR COVERAGE, CONTACT METLIFE AT 1-866-548-7139.

EMPLOYER-PAID COVERAGES

OPTIONAL COVERAGES

PLEASE VISIT METLIFE AT [WWW.MYBENEFITS.METLIFE.COM/WAPEBB](http://WWW.MYBENEFITS.METLIFE.COM/WAPEBB) TO VIEW YOUR OPTIONAL INSURANCE ELECTIONS, OR CALL METLIFE AT 1-866-548-7139.

4. Print or save the document for the employee.

Revised: 12.9.2019

SEBB MY Account Manual

Chapter 3: Page: 21

## Employee enrollment

### Employee

Employees should be encouraged to manage their benefits through SEBB My Account. However, employees who do not have access to a computer, tablet or smart phone have the ability to submit an *Employee Enrollment* form or an *Employee Change* form to the SEBB organization benefits administrator.

When you receive an enrollment or a change form from an employee you may handle these in one of two ways:

- Manually enter the enrollment/change into SEBB My Account for the employee.
- Fax (360-725-0771) or mail (Health Care Authority, PO Box 42684, Olympia, WA 98504-2864) the form to HCA attention SEBB Program Outreach and Training. HCA will process the form through Optical Character Recognition (OCR) software. Refer to the [‘Enrollment documents awaiting review’](#) section of this manual.

*Note: Do not send the forms through FUZE. Creating an electronic version can affect the ability of the OCR software to correctly process the form.*

### When employees can enroll and make changes

**Medical, dental and vision:** Employees may enroll in and make changes to their medical, dental and vision plans at the following times:

- When they are newly eligible or regaining eligibility for the employer contribution for benefits. The employee must submit their elections no later than 31 days after their date of eligibility or the date they regain eligibility to enroll in or waive medical coverage.  
  
Employees may waive if they are enrolled in other employer-sponsored coverage, TRICARE, or Medicare. *(See the Eligibility Terminology section of this manual for additional explanation)*  
Employees must enroll in an employer-paid dental and vision plan.
- During annual open enrollment each year. Changes must be submitted no later than the last day of the annual open enrollment. *(See the Eligibility Terminology section of this manual for additional explanation)*
- If the employee has a life event that triggers a special open enrollment. Changes must be submitted no later than 60 days after the date of the event. Proof of the event is required. Changes must be consistent with event that affects eligibility for coverage. *(See the Eligibility Terminology section of this manual for additional explanation)*

### **Life/Accidental Death and Dismemberment (AD&D) insurance and Long-Term Disability (LTD)**

**insurance:** Employees are automatically enrolled in employer-paid basic life/AD&D and basic LTD insurance. They may enroll in supplemental life/AD&D and LTD at the following times:

- Supplemental life, up to the guaranteed issue amounts without evidence of insurability no later than 31 days after their date of eligibility.
- Supplemental LTD no later than 31 days after their date of eligibility.

- New enrollment and changes may be made at any time during the year, but evidence of insurability and carrier approval will be required for some changes.

## Enroll an employee and their dependents

Enrolling members requires SEBB My Account Admin or Edit access.

1. Log into SEBB My Account. Follow the steps in [‘Manage an employee’s record’](#) section of this manual to access the employee’s record.
2. Select the ‘Manage associated subscriber’ button. The employee’s record displays.

## Add eligible dependents

1. Click the ‘Members’ tab.

Use this section to perform the following actions for subscribers (employees):

- Review your subscriber’s current account information and coverage selections.
- View and/or print your subscriber’s Statement of Insurance.
- Review your subscriber’s enrollment, dependents and benefit elections.

benefits  Search Add new subscriber Manage associated subscriber

|                                     | First name | Middle name | Last name | SSN         | Birth date | Member type | Employer name            |
|-------------------------------------|------------|-------------|-----------|-------------|------------|-------------|--------------------------|
| <input checked="" type="checkbox"/> | Jane       |             | Benefits  | XXX-XX-2852 | 10/5/1980  | Subscriber  | ADNA SCHOOL DISTRICT 226 |

1 - 1 of 1 items

Currently managing: Jane Benefits

Employment **Current Coverage** Coverage Elections Supplemental Coverage Attestations Members Upload Special Open Enrollment Profile

Members associated with this account + Add dependent

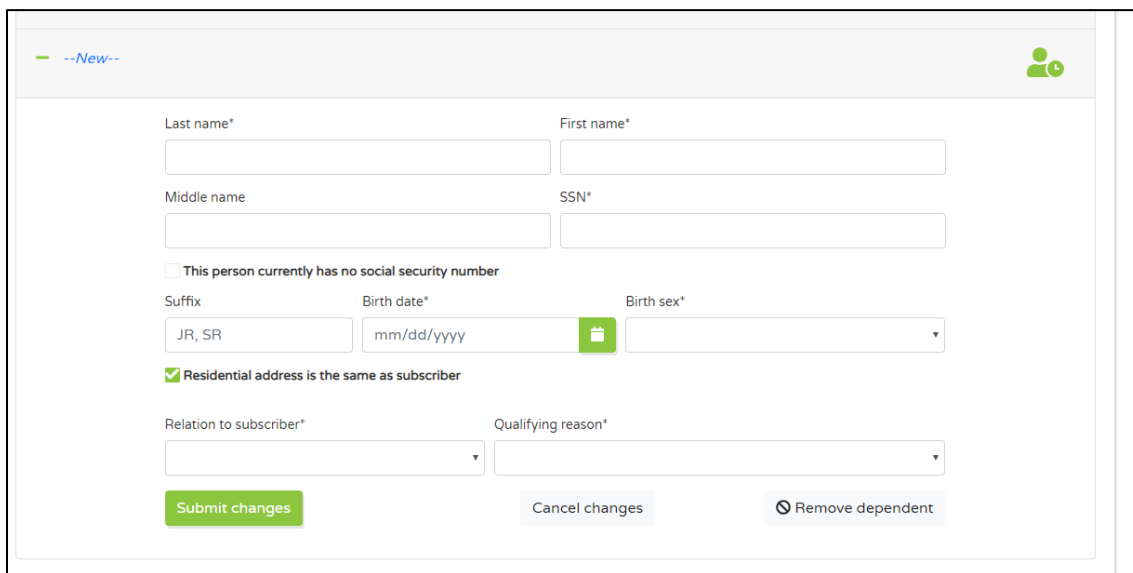
|                         |          |
|-------------------------|----------|
| + Benefits, Jane (Self) |          |
| + Benefits, Spouse      | Denied   |
| + Benefits, Baby        | Verified |

2. Click ‘Add dependent’. A ‘New’ line is added under Members associated with this account.

Members associated with this account + Add dependent

|                         |          |
|-------------------------|----------|
| + Benefits, Jane (Self) |          |
| + Benefits, Spouse      | Denied   |
| + Benefits, Baby        | Verified |
| + --New--               |          |

3. Click the '+' next to 'New'.



The screenshot shows a web form for adding a new dependent. At the top left, there is a green minus sign followed by the text "--New--". At the top right, there is a green icon of two people. The form contains several input fields: "Last name\*" and "First name\*" are at the top; "Middle name" and "SSN\*" are below them. A checkbox labeled "This person currently has no social security number" is positioned below the SSN field. Below this, there are three fields: "Suffix" (with a dropdown menu showing "JR, SR"), "Birth date\*" (with a date picker showing "mm/dd/yyyy"), and "Birth sex\*" (with a dropdown menu). A checked checkbox labeled "Residential address is the same as subscriber" is below these. At the bottom, there are two dropdown menus: "Relation to subscriber\*" and "Qualifying reason\*". At the very bottom, there are three buttons: "Submit changes" (green), "Cancel changes" (grey), and "Remove dependent" (grey with a trash icon).



Do not include special characters or accent marks in a name. *For example, enter OHara instead of O'Hara.*

4. Enter the Last Name, First Name, Middle Name (optional) and the Social Security Number.  
If the employee does not have the dependent's social security number, select the 'This person currently has no social security number' checkbox. The system will assign a temporary SSN. Follow-up with the employee to obtain a valid SSN for the dependent.
5. If the dependent has a suffix, add the suffix.
6. Enter the date of birth.
7. Select the birth sex from the drop-down. The choices include 'Male' or 'Female'.
8. If the dependent's address is different than the employee, uncheck the 'Residential Address is the same as subscriber' checkbox. If the address is the same go to step 10.
9. Enter the address including the county if the dependent lives in Washington. Use USPS punctuation standards. A complete guide to USPS standards is available at:  
<http://pe.usps.com/text/pub28/welcome.htm>.

**Foreign addresses** – In the State field enter 'ZZ' if the address is outside the US and Canada. For a Canadian address, enter the Canadian Province code. See the chart below.



**Canadian Province Codes:**

|    |                           |    |                      |
|----|---------------------------|----|----------------------|
| AB | Alberta                   | NU | Nunavut              |
| BC | British Columbia          | ON | Ontario              |
| MB | Manitoba                  | PE | Prince Edward Island |
| NB | New Brunswick             | QC | Quebec               |
| NL | Newfoundland and Labrador | SK | Saskatchewan         |
| NT | Northwest Territories     | YT | Yukon                |
| NS | Nova Scotia               |    |                      |

**Military addresses** – In the state field enter the appropriate military state code. See chart below.

**Military State Codes:**

|    |                             |
|----|-----------------------------|
| AA | Armed Forces (the Americas) |
| AE | Armed Forces Europe         |
| AP | Armed Forces Pacific        |

10. From the 'Relation to Subscriber' dropdown, select the relationship. The choices include:

|  |
|--|
| Child                                    |
| Extended dependent                       |
| Spouse/state-registered domestic partner |
| Step child (not adopted)                 |

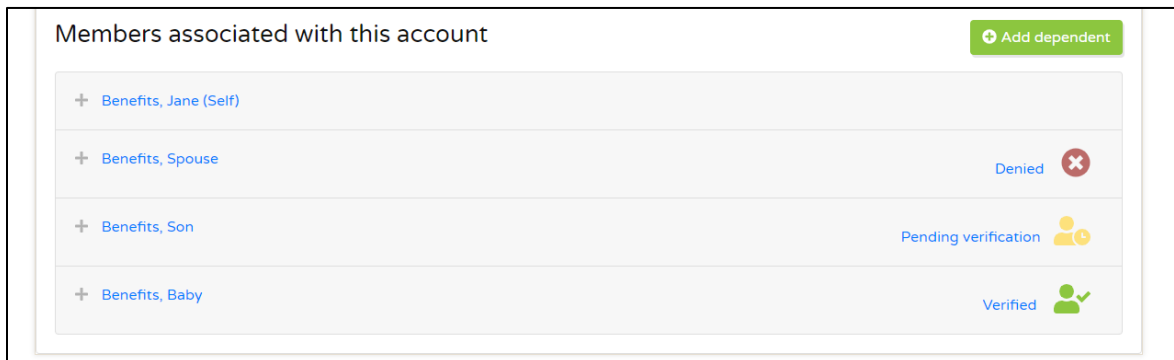
11. From the 'Qualifying Reason' dropdown, select the reason. The choices include:

|                                      |
|--------------------------------------|
| Dependent (not disabled or extended) |
| Disabled child                       |
| Extended child                       |
| Married spouse                       |
| State-registered domestic partner    |

12. Click "Submit changes". A message displays indicating proof of the dependents' eligibility is required.

Subscriber must provide proof of this dependent's eligibility within the SEBB Program's enrollment timelines or their dependent will not be enrolled. See [SEBB Eligibility and Enrollment](#) guidelines.

- Click “Submit Changes” again. The dependents information will collapse with just their name and an indication the dependent is pending verification.



Members associated with this account ➕ Add dependent

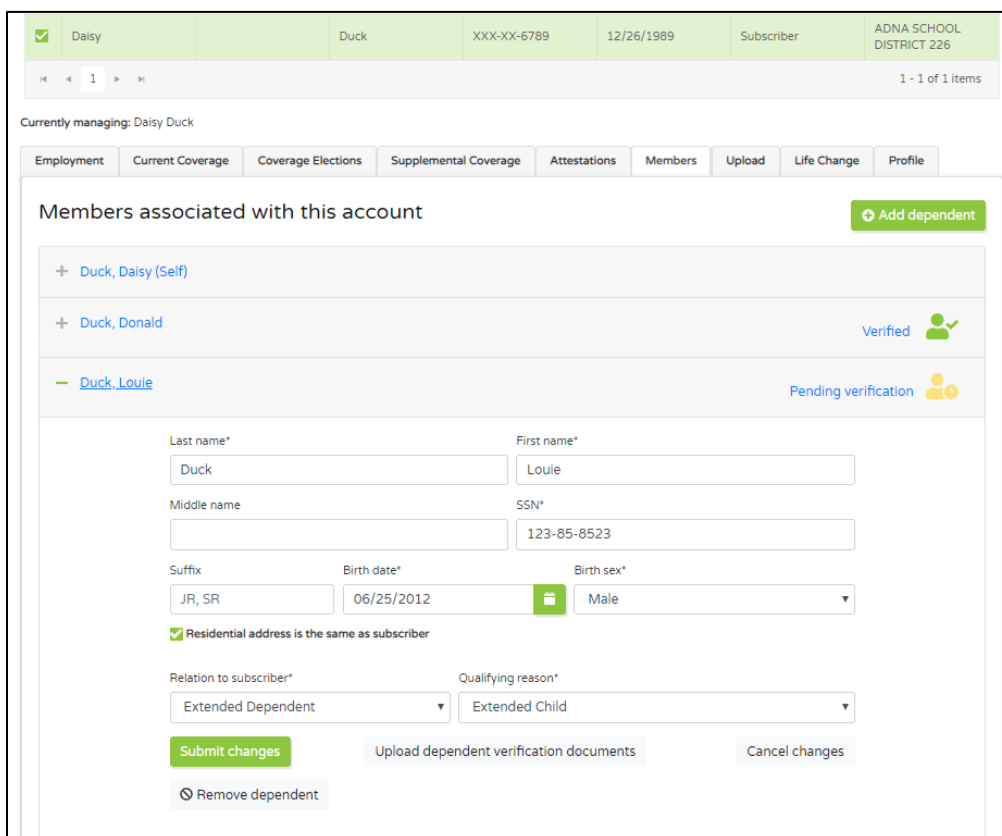
|   |                       |                      |
|---|-----------------------|----------------------|
| + | Benefits, Jane (Self) |                      |
| + | Benefits, Spouse      | Denied               |
| + | Benefits, Son         | Pending verification |
| + | Benefits, Baby        | Verified             |

- Repeat steps 2 through 10 for each dependent.

## Extended dependent

If the employee is adding an Extended Dependent. The employee must include the *Extended Dependent Certification* form and a copy of the court order. The SEBB Program will review the attachments and make a determination to approve or deny the dependent.

- Add the extended dependent as you would any other dependent.



Currently managing: Daisy Duck

Employment | Current Coverage | Coverage Elections | Supplemental Coverage | Attestations | Members | Upload | Life Change | Profile

Members associated with this account ➕ Add dependent

|   |                    |                      |
|---|--------------------|----------------------|
| + | Duck, Daisy (Self) |                      |
| + | Duck, Donald       | Verified             |
| - | Duck, Louie        | Pending verification |

Last name\* Duck First name\* Louie

Middle name SSN\* 123-85-8523

Suffix JR, SR Birth date\* 06/25/2012 Birth sex\* Male

☒ Residential address is the same as subscriber

Relation to subscriber\* Extended Dependent Qualifying reason\* Extended Child

Submit changes Upload dependent verification documents Cancel changes

Remove dependent

- From the ‘Relationship to subscriber’ drop down, select Extended dependent.

3. From the 'Qualifying reason' drop down, select Extended dependent.
4. Click 'Upload verification documents' to add the *Extended Dependent Certification* form and the court order to the account. The documents may also be sent through [FUZE](#) or faxed to 360-725-0771.
5. 'Submit changes'.
6. The SEBB Program will review the documents and approve or deny the dependent.
7. The SEBB Program will notify the employer and the employee of the approval or denial. If denied, the employee has the right to appeal.

### Dependent with a disability during the SEBB Program's first annual open enrollment (10/1/2019-11/15/2019)

The process for adding a dependent with disabilities will be a little different for this initial enrollment. Find the section (A, B, C, or D) that best fits the employee's situation and follow the appropriate steps.

#### **A. Employee and certified dependent with disability are currently enrolled in the Public Employees Benefits Board (PEBB) Program coverage**

For employees currently enrolled in PEBB, the PEBB Program certification for a dependent child age twenty-six or older will be migrated to SEBB My Account through data transmission.

- No initial certification will be required for these dependent children if the certification established through the PEBB Program is current.
- The recertification of the dependent child's disability status will be set to occur based on the date the current PEBB Program certification is set to end.

**Follow steps 1, 2, 3, 5, and 6 under the [Dependent with disability](#) section of this manual.**

**Note:** *The child must be enrolled on to the employee's new SEBB health plan. This process does not replace the need to request that the dependent be added to the employee's benefits.*

#### **B. Employee and certified dependent with disability are currently enrolled in your SEBB Organization's health plan**

For employees not currently enrolled in PEBB benefits, the SEBB organization payroll/benefits administrators are authorized to attest to the dependent child's disability status if the child is currently enrolled under the SEBB organization's current group health plan based on eligibility as a dependent child age 26 or older with a disability.

The attestation may be based on the following:

- Existing school district, educational service district, or charter school enrollment record, finding the dependent child eligible at age 26 or older based on disability that occurred prior to age 26; OR
- Visual verification of a document from the school district's, educational service district's, or charter school's current health plan finding the dependent child at age 26 or older based on disability that occurred prior to age 26.

For a child with a disability who will turn twenty-six on or before December 31, 2019, the SEBB Organization can continue to verify and attest through December 31, 2019.

A subscriber with a child age twenty-six or older whose disability status is provided through attestation will be required to certify the child through the SEBB Program's certification process described in Policy 36-1 in subsections (1),(2),(4), (5), and (8) in calendar year 2020. The SEBB Program or the applicable SEBB Program's medical plan will send the subscriber notification of this requirement in advance of the certification deadline.

***Follow steps 1, 2, 3, 5, and 6 under the [Dependent with disability](#) section of this manual.***

**C. Employee's dependent with disabilities is not currently enrolled in a PEBB Program health plan or is unable to obtain an attestation from the SEBB Organization**

For employees not currently enrolled in a PEBB benefits and who are unable to obtain an attestation from the SEBB organization as described in B above, the employee requesting enrollment of a dependent child age twenty-six or older is required to certify the child through the SEBB Program's certification process:

- The child was not previously certified under a SEBB organization's group health plan; OR
- The child was previously denied by a school district health plan; OR
- The child will turn 26 between October 1, 2019 and December 31, 2019 and has not been previously certified by the SEBB organization group health plan prior to December 31, 2019. The employee must submit the *Dependent with Disabilities Certification* form on or before December 31, 2019.

***Follow all steps under the [Dependent with disability](#) section of this manual.***

**D. Employee's dependent with disabilities turns 26 on or after January 1, 2020**

For the child who will turn 26 on or after January 1, 2020, the employee is required to certify the child through the SEBB Program's certification process if the employee elects to retain the child's enrollment on their SEBB account.

***Follow all steps under the [Dependent with disability](#) section of this manual.***

## Dependent with a disability

During this first annual open enrollment period, please review the instructions in the [Dependent with a disability during the SEBB Program's first annual open enrollment](#) section of this manual to determine the process prior to entering the dependent in SEBB My Account.

If the employee is adding a dependent with disabilities, age 26 or older, the employee must submit the *Certification of Dependent with a Disability* form and dependent verification document.

1. Add the dependent with disability as you would any other dependent.

The screenshot shows the 'Members' section of the SEBB My Account interface. At the top, it says 'Currently managing: Daisy Duck'. Below this are tabs for 'Employment', 'Current Coverage', 'Coverage Elections', 'Supplemental Coverage', 'Attestations', 'Members', 'Upload', 'Life Change', and 'Profile'. The 'Members' tab is selected. Under the heading 'Members associated with this account', there is a list of members: 'Duck, Daisy (Self)', 'Duck, Donald' (Verified), 'Duck, Louie' (Pending verification), and 'Duck, Huey' (Pending verification). A green '+ Add dependent' button is in the top right. Below the list is a form to add a new dependent. The form fields include: Last name\* (Duck), First name\* (Huey), Middle name, SSN\* (325-52-8523), Suffix (JR, SR), Birth date\* (05/25/1990), Birth sex\* (Male), a checked box for 'Residential address is the same as subscriber', Relation to subscriber\* (Child), and Qualifying reason\* (Disabled Child). At the bottom of the form are buttons for 'Submit changes', 'Upload dependent verification documents', 'Cancel changes', and 'Remove dependent'.

2. From the 'Relationship to subscriber' drop down, select 'Child' or 'Step child', as appropriate.
3. From the 'Qualifying reason' drop down, select 'Disabled child'.
4. Send or have the employee send the *Certification of Dependent with Disabilities* form to the carrier or the SEBB Program, as directed on the form. Certification forms directed to the SEBB Program, as directed on the form, may be sent through FUZE or faxed to 360-725-0771.
5. Click on 'Upload verification documents' to add dependent verification document(s) to the account.
6. 'Submit changes'.
7. The SEBB Program will review the documents and approve or deny the dependent.
8. The SEBB Program will notify the employer and the employee of the approval or denial.

## Tobacco use premium surcharge attestations

The employee must attest to whether they and their enrolled dependents have used tobacco products within the past two months.

Employees may attest at any time. However, if the employee does not attest to the tobacco use for themselves and each dependent age 13 and older the employee is enrolling under their coverage, the employee will be charged a monthly \$25 tobacco use premium surcharge in addition to their monthly medical premiums.

The default for employees and dependents age 13 and older is 'Yes'.

1. Select 'Yes' or 'No' for the employee and each dependent, based on their attestation.

### Premium surcharge attestations

Verify that the surcharges below apply to this subscriber by checking the appropriate box(es) then click the *Continue* button at the bottom to submit.

#### Tobacco use premium surcharge

[Learn about this surcharge](#) before you change your attestation.

**Events that require a change:** Subscriber must change your attestation when subscriber or subscriber's enrolled family members' (ages 13 and older) tobacco use status changes.  
If you check YES or leave the checkboxes blank for subscriber or any family members listed below, subscriber will pay the monthly surcharge.

**Note:** Enrolled family members ages 12 and younger are automatically defaulted to NO. Subscriber does not need to reattest when the family member turns age 13 unless the family member uses, or begins using, tobacco products.

Has this person used tobacco products in the last two months? If he or she is enrolled in our SEBB medical plan's tobacco cessation program (if age 18 or older) or has accessed information or resources in [Smokefree Teen](#) (if ages 13-17), select NO.

| Member name     | Response<br><input type="checkbox"/> All YES? <input checked="" type="checkbox"/> All NO? | Date started |
|-----------------|---|--------------|
| Jane Benefits   | No  | mm/dd/yyyy   |
| Spouse Benefits | No  | mm/dd/yyyy   |
| Baby Benefits   | No  | mm/dd/yyyy   |
| Son Benefits    | No  | mm/dd/yyyy   |

2. If the response is 'Yes', enter the date tobacco use began.
3. The effective date of the attestation will be:
  - **Newly eligible employees and employees regaining eligibility** – the effective date is the same date as the effective date of Medical coverage.
  - **Change in tobacco use status** – the effective date is as follows:
    - A change that results in a premium surcharge will begin the first day of the month following the status change. If that day is the first of the month, the change is effective that day.
    - A change that results in removing the premium surcharge will begin the first day of the month following receipt of the attestation. If that day is the first of the month, the change begins that day.

## Spouse or state-registered domestic partner coverage premium surcharge

If the employee enrolled a spouse or state-registered domestic partner, the employee must also attest to the spouse or state-registered domestic partner coverage premium surcharge. However, if the employee does not attest to the spouse or state-registered domestic partner coverage premium

surcharge, the employee will be charged a monthly \$50 premium surcharge in addition to their medical premium.

1. Enter the employee's responses to the spouse or state-registered domestic partner coverage premium surcharge questions.

When 'No' is selected for any of the questions, a response is not required for the remainder of the questions.

**Spouse or state-registered domestic partner coverage surcharge**  
[Learn about this surcharge](#) before you change your attestation.

1. Are you covering your spouse or state-registered domestic partner in a medical plan for the benefit year?  
☐ No ☒ Yes
2. Will your spouse or state-registered domestic partner be eligible for medical coverage through his or her employer for the benefit year?  
☐ No ☐ Yes
3. Will your spouse or state-registered domestic partner's employer offer at least one medical plan that serves your spouse's or state-registered partner's county of residence in the benefit year?  
☐ No ☐ Yes
4. Has your spouse or state-registered domestic partner elected not to enroll in his or her employer's medical in the benefit year?  
☐ No ☐ Yes
5. Will the coverage offered by your spouse's or state-registered domestic partner's employer in 2018 NOT be through the PEBB Program or TRICARE? Answer YES if your spouse's or state-registered domestic partner's employer does not offer PEBB coverage or TRICARE. Answer NO if your spouse's or state-registered domestic partner's employer does offer PEBB coverage or TRICARE.  
☐ No ☐ Yes
6. Will your spouse's or state-registered domestic partner's share of the medical premium through his or her employer be less than \$106.41 per month in 2018?  
☐ No ☐ Yes

Subscriber may have to pay the spouse or state-registered domestic partner coverage surcharge in 2020. [Go to the 2020 spousal plan calculator](#) to determine.

After completing the 2020 spousal plan calculator, did the calculator indicate the spouse or state-registered domestic partner coverage surcharge applies to Subscriber in 2020?  
☐ Yes, subscriber will pay the \$50-per-month spouse or state-registered domestic partner coverage surcharge in 2020  
☒ No, the spouse or state-registered domestic partner coverage surcharge does not apply in 2020.

**LEGAL NOTICE**

By selecting the **Continue** button below:

- I declare that the information I have provided is true, complete, and correct. If it isn't, or if I do not provide timely, updated information, the subscriber will owe surcharges to the SEBB Program.
- I declare that one (or more) of the event(s) above occurred that requires the subscriber to change their attestation to the tobacco use and/or spouse or state-registered domestic partner coverage surcharge, and that I'm reporting it within the SEBB Program's deadlines.
- I am replacing all Premium Surcharge Attestation forms, Premium Surcharge Change forms, and electronic surcharge attestations previously submitted.
- A change that results in a premium surcharge will begin the first day of the month following the status change (the date the family member(s) started using tobacco products). If that day is the first of the month, the change to the surcharge begins on that day (but no earlier than Jan 1, 2020).
- A change that results in removing the premium surcharge (family member(s) stopped using tobacco products or enrolled in your SEBB medical plan's tobacco cessation program) will begin the first day of the month following receipt of the attestation. If that day is the first of the month, the change to the surcharge begins on that day.
- If the subscriber pays my monthly premiums by pension deduction or Electronic Debit Service, the subscriber authorizes the Department Of Retirement Systems or Health Care Authority to deduct any surcharge(s) owed from these accounts.

HCA's privacy notice: We will keep your information private as allowed by law. See Our [privacy notice](#).

[Continue](#) [Clear changes](#)

2. If the employee responded 'Yes' to all of the spousal premium surcharge question, they may complete the spousal plan calculator available on the SEBB website.
3. If the employee submitted the spousal plan calculator and requested the employer determine whether the employee will pay the spouse or state-registered domestic partner premium surcharge, access the online calculator and enter the information from the calculator the employee submitted into the online version. The calculator determines if the employee will pay the surcharge.
4. If the calculator was used to make the determination, the question responses should all be 'Yes'. The calculator response should be entered using the 'Yes/No' radio buttons below the questions.

5. Click on 'Continue', the Attestation change alert displays.

**Manage subscribers**

Use this section to perform the following actions for subscribers (employees):

- Review your subscriber's current account information and coverage selections.
- View and/or print your subscriber's Statement of Insurance.
- Review your subscriber's enrollment, dependents and benefit elections.

benefits  Search [Add new subscriber](#) [Manage associated subscriber](#)

|                                     | First name | Middle name | Last name | SSN         | Birth date | Member type | Employer name            |
|-------------------------------------|------------|-------------|-----------|-------------|------------|-------------|--------------------------|
| <input checked="" type="checkbox"/> | Jane       |             | Benefits  | XXX-XX-2852 | 10/5/1980  | Subscriber  | ADNA SCHOOL DISTRICT 226 |

1 - 1 of 1 items

Currently managing: Jane Benefits

[Employment](#) [Current Coverage](#) [Coverage Elections](#) [Supplemental Coverage](#) [Attestations](#) [Members](#) [Upload](#) [Special Open Enrollment](#) [Profile](#)

**Subscriber's premium surcharge attestation changes**

Attestation change alert

Based on subscriber's current attestations, subscriber will NOT pay the \$25 tobacco use surcharge

[OK](#)

Attestation change alert

Based on subscriber's current attestations, subscriber will NOT pay the \$50 spousal surcharge.

[OK](#)

6. Click 'OK' to confirm each of the attestation responses.

**Subscriber's premium surcharge attestation changes**

Thank you!

If correct, select *Confirm*. To adjust your answer, select *Cancel*.

Generally, changes which result in adding or removing a surcharge will take effect the month following the status change. Changes received on the first day of the month will be effective that month. Changes made during annual open enrollment will be effective January 1 of the following plan year.

- Subscriber will NOT pay the \$25 tobacco use premium surcharge in addition to the subscriber's monthly medical premium.
- Subscriber will NOT pay the \$50 spouse or state-registered domestic partner coverage premium surcharge in addition to the subscriber's monthly medical premium.

[Confirm](#) [Cancel](#)

7. Click 'Confirm' to indicate the attestations are correct. Click 'Cancel' to change the attestations.



## Long-Term Disability (LTD) insurance

1. Select the 'Supplemental coverage' tab.

### Your supplemental coverage options

#### [Supplemental long-term disability \(LTD\) insurance](#)

The SEBB Program provides LTD insurance up to \$400 per month as a basic benefit for eligible employees. Eligible employees can purchase supplemental LTD insurance to protect more of their income in the event of a disability. Supplemental LTD is available during the initial Open Enrollment and for newly eligible employees without Evidence of Insurability (EOI).

☐ I would like to enroll subscriber in Supplemental LTD

Submit

To learn more about supplemental LTD benefits or to enroll outside of Open Enrollment, visit the [Long-Term Disability webpage](#). Amount you will pay with a monthly earning of \$1,000.

#### Amount you will pay

| Age          | Percent                        | Amount per \$1000 |
|--------------|--------------------------------|-------------------|
| 0 to 29      | 0.14 (0.0014 when multiplying) | \$1.40            |
| 30 to 34     | 0.19 (0.0019 when multiplying) | \$1.90            |
| 35 to 39     | 0.29 (0.0029 when multiplying) | \$2.90            |
| 40 to 44     | 0.41 (0.0041 when multiplying) | \$4.10            |
| 45 to 49     | 0.56 (0.0056 when multiplying) | \$5.60            |
| 50 to 54     | 0.77 (0.0077 when multiplying) | \$7.70            |
| 55 to 59     | 0.93 (0.0093 when multiplying) | \$9.30            |
| 60 to 64     | 0.96 (0.0096 when multiplying) | \$9.60            |
| 65 and older | 0.98 (0.0098 when multiplying) | \$9.80            |

#### [Supplemental life and accidental death & dismemberment \(AD&D\) insurance](#)

The SEBB program provides basic life insurance and accidental death and dismemberment (AD&D) insurance at no cost to eligible employees. This coverage is offered through MetLife.

The SEBB program's benefits package includes basic life at no cost to employees. It provides:

- \$35,000 for death from a cause
- \$5,000 in case of accidental death or dismemberment (AD&D)

In addition to basic coverage, eligible employees can choose to enroll in supplemental life insurance and AD&D benefits for themselves or their eligible dependents. Create an account through [MetLife MyBenefits Portal](#).

#### [Health savings account \(HSA\)](#)

When you enroll in the UMP high-deductible health plan through SEBB you are eligible for a health savings account (HSA) through HealthEquity. Your HSA is a tax advantaged spending and savings account that can be used to pay for qualified medical expenses. Your HSA is funded by pre-tax contributions from you, your employer, or both. Contact your employer to determine if you can arrange automatic payroll deductions to your HSA.

To confirm the maximum annual contribution to your HSA, please visit the [IRS website](#).

2. If the employee indicated they would like to enroll in Supplemental LTD, select the checkbox.

### Your supplemental coverage options

#### [Supplemental long-term disability \(LTD\) insurance](#)

The SEBB Program provides LTD insurance up to \$400 per month as a basic benefit for eligible employees. Eligible employees can purchase supplemental LTD insurance to protect more of their income in the event of a disability. Supplemental LTD is available during the initial Open Enrollment and for newly eligible employees without Evidence of Insurability (EOI).

☒ I would like to enroll subscriber in Supplemental LTD

Effective start date\*

Submit

3. Enter the effective date of the Supplemental LTD. Enter the first of the month following the signature date on the form.

## Coverage elections

All employees may select from plans based on the county they live in.

Exception: Additional plan options may be available if an employee works in a district that:

- Straddles county lines
- Is in a county that borders Idaho or Oregon.

SEBB My Account will present all options to the employee based on the criteria above.

1. Select the 'Coverage Elections' tab.

Admin Dashboard Dependent Verification SOE Verification Subscribers Access Eligibility Billing SmartHealth Reports Profile Enrollment Docs FSA / DCAP

### Benefits coverage enrollments for 2020

Make any changes below and use the [continue](#) button at the bottom to submit.

Coverage effective Jan 1, 2020

Subscriber name: Jane Benefits  
County of residence: Lewis  
2020 Medical plan: Default Medical  
2020 Dental plan: Default Dental  
2020 Vision plan: Default Vision  
2020 Life plan: Employee Life Insurance  
2020 AD&D plan: Employee AD&D

*Need more help deciding on plans?*  
Let ALEX walk you through this.

#### Select subscriber's medical plan

Available medical plans:

|                          | Medical plan                 | Premium |
|--------------------------|------------------------------|---------|
| <input type="checkbox"/> | Uniform Medical Plan Classic | \$95    |
| <input type="checkbox"/> | Kaiser Permanente NW Classic | \$100   |
| <input type="checkbox"/> | Kaiser Permanente WA CDHP    | \$60    |

[Compare medical plans, benefits and monthly costs](#) for the medical plans that are available to this subscriber.

☐ Waive medical coverage. Waiving coverage means subscriber and their spouse / state-registered domestic partner / dependents will not have medical coverage. Subscriber cannot enroll for medical coverage until the next open enrollment period, or until they experience a special open enrollment based on a qualifying event.

#### Change subscriber's dental plan

Available dental plans:

|                          | Dental plan             | Premium |
|--------------------------|-------------------------|---------|
| <input type="checkbox"/> | DeltaCare               | \$0     |
| <input type="checkbox"/> | Willamette Dental Group | \$0     |

[Compare dental plans and benefits](#) for the dental plans that are available to this subscriber.

2. Select the checkbox next to the Medical plan the employee chose to enroll in or select the 'Waive medical coverage' checkbox if the employee chose to waive coverage.
3. Select the checkbox next to the Dental plan the employee has selected. Employees may not waive employer-paid dental. The employee may choose to enroll or not enroll dependents.
4. Select the checkbox next to the Vision plan the employee selected. Employees may not waive employer-paid vision. The employee may choose to enroll or not enroll dependents.

5. Supplemental life and AD&D insurance are administered through MetLife.

The screenshot displays the MetLife enrollment interface. The top section, titled "Life and accidental death and dismemberment (AD&D) insurance", shows the employee's current coverage: "Employee life insurance: \$35,000.00" and "Employee AD&D insurance: \$5,000.00". There is a checkbox option to "Waive Basic Life and AD&D due to religious practice" and a link to the "MetLife MyBenefits" portal. The bottom section, titled "Subscriber and dependents enrollment (Effective Jan 1, 2020)", instructs the user to enroll dependents for the upcoming year. It contains a table with columns for "Member Name", "Enroll in MEDICAL coverage", "Enroll in DENTAL coverage", and "Enroll in VISION coverage". The table lists four members: Jane Benefits, Spouse Benefits (Pending Verification), Son Benefits (Pending Verification), and Baby Benefits. Each member has three dropdown menus for selecting coverage. At the bottom of the form are "Continue" and "Clear changes" buttons.

| Member Name                            | Enroll in MEDICAL coverage | Enroll in DENTAL coverage | Enroll in VISION coverage |
|--|----------------------------|---------------------------|---------------------------|
| Jane Benefits                          | Yes                        | Yes                       | Yes                       |
| Spouse Benefits (Pending Verification) | Yes                        | Yes                       | Yes                       |
| Son Benefits (Pending Verification)    | No                         | No                        | No                        |
| Baby Benefits                          | Yes                        | Yes                       | Yes                       |

Basic life and Accidental Death and Dismemberment (AD&D) is displayed. Eligible employees are automatically enrolled in this employer-paid coverage.

The employee may:

- Submit a MetLife Enrollment/Change form directly to MetLife, or
  - Enroll in or change their supplemental life and AD&D insurance through the MetLife portal (employee must create an account in the MetLife portal to enroll and change online). **Note:** *the employee must be entered into SEBB My Account before they can access the MetLife portal. When the employee is uploaded or entered into SEBB My Account, HCA will send their eligibility to MetLife. Once MetLife uploads the employee into their system, the employee can enroll in supplemental coverage and name their beneficiaries online.*
6. If the employee added eligible dependents, select 'Yes' or 'No' from the drop-down for each of the types of coverage the employee selected for each dependent. **Note:** *Employees may choose to enroll dependents in any combination of Medical, Dental, and Vision.*

7. Click 'continue'. Accept the employees' elections.

### Confirm selections

**Medical change**

By selecting this plan, I understand that eligibility for a health savings account (HSA) is regulated by Internal Revenue Service (IRS) rules, one which states I cannot be enrolled in either Medicare Part A or Part B. PEBB eligibility restrictions may also apply to members who enroll in Medicare during the plan year. Additionally, I also understand I cannot enroll in a Medical Flexible Spending Arrangement (FSA).

**Dental change**

Special message about Willamette Dental Group

**Vision change**

I am a message about Uniform Vision Plan.

**Dental change**

Special message about Willamette Dental Group

**Vision change**

I am a message about Uniform Vision Plan.

**Medical change**

By selecting this plan, I understand that eligibility for a health savings account (HSA) is regulated by Internal Revenue Service (IRS) rules, one which states I cannot be enrolled in either Medicare Part A or Part B. PEBB eligibility restrictions may also apply to members who enroll in Medicare during the plan year. Additionally, I also understand I cannot enroll in a Medical Flexible Spending Arrangement (FSA).

[Accept](#) [Cancel](#)

8. Click 'Accept'. Confirm the employees' elections.

Currently managing: Joe Schmoe

Employment Current Coverage Coverage Elections Supplemental Coverage Attestations Members Upload Life Change Profile

### Subscriber's open enrollment selections for 2020

Please review the information below

If correct, select *Confirm*. To adjust your answer, select *Cancel*.

- You requested to change this subscriber's medical plan from Default Medical to Kaiser Permanente NW Classic.
- You requested to change this subscriber's dental plan from Default Dental to Willamette Dental Group.
- You requested to change this subscriber's vision plan from Default Vision to Uniform Vision Plan.

By completing this online enrollment, I declare that the information I have provided is true, complete, and correct. If it isn't, or if I do not update this information within the timelines in SEBB Program rules, to the extent permitted by federal and state laws, I must repay any claims paid by my health plan(s) or premiums paid on my behalf. My dependents and I may also lose SEBB benefits as of the last day of the month we were eligible. To the extent permitted by law, the SEBB Program or my employer may retroactively terminate coverage for me and my dependents if I intentionally misrepresent eligibility, or do not pay premiums when due. In addition, I understand that knowingly providing false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company is a crime, and can result in imprisonment, fines, denial of SEBB benefits, and loss of my job.

[Confirm](#) [Cancel](#)

9. Click 'Confirm'. The option to download a Summary of 'Coverage Elections' displays.

Admin Dashboard | Dependent Verification | SOE Verification | Subscribers | Access | Eligibility | Billing | Smart Health | **Currently managing: ADNA SCHOOL DISTRICT 226**

Reports | Profile | Enrollment Docs | FSA / DCAP

## ADNA SCHOOL DISTRICT 226

### Manage subscribers

Use this section to perform the following actions for subscribers (employees):

- Review your subscriber's current account information and coverage selections.
- View and/or print your subscriber's Statement of Insurance.
- Review your subscriber's enrollment, dependents and benefit elections.

schmoe

|                                     | First name | Middle name | Last name | SSN         | Birth date | Member type | Employer name            |
|-------------------------------------|------------|-------------|-----------|-------------|------------|-------------|--------------------------|
| <input checked="" type="checkbox"/> | Joe        |             | Schmoe    | XXX-XX-0987 | 12/15/1987 | Subscriber  | ADNA SCHOOL DISTRICT 226 |

1 - 1 of 1 items

Currently managing: Joe Schmoe

Download a summary of coverage elections

## Summary of Coverage Elections

10. Click 'Download' to download/print a summary of the elections. This shows changes employees made to their account, but are not effective yet. **Note:** Dependents added will show, but may not be enrolled if dependent is not successfully verified.

Washington State Health Care Authority  
SCHOOL EMPLOYEES BENEFITS BOARD

## SUMMARY OF COVERAGE ELECTIONS

THIS IS A SUMMARY OF YOUR COVERAGE ELECTIONS WITH THE HEALTH CARE AUTHORITY. THIS IS NOT A STATEMENT OF INSURANCE. CHANGES TO ELECTIONS CAN BE MADE THROUGH SEBB MY ACCOUNT DURING OPEN ENROLLMENT OR OTHER QUALIFYING EVENT.

PRINT DATE: 06/27/2019  
EMPLOYER: ADNA SCHOOL DISTRICT 226

DAISY DUCK  
123 MAIN STREET  
ADNA, WA 98532

| COVERAGE ELECTIONS INFORMATION |                                 |                                |                                |
|--------------------------------|---------------------------------|--------------------------------|--------------------------------|
| MEMBER NAME                    | MEDICAL COVERAGE EFFECTIVE DATE | DENTAL COVERAGE EFFECTIVE DATE | VISION COVERAGE EFFECTIVE DATE |
| DUCK, DAISY                    | 01/01/2020                      | 01/01/2020                     | 01/01/2020                     |
| DUCK, DONALD                   | 01/01/2020                      | 01/01/2020                     | 01/01/2020                     |
| DUCK, LOUIE                    | 01/01/2020                      | 01/01/2020                     | 01/01/2020                     |
| DUCK, HUEY                     | 01/01/2020                      | 01/01/2020                     | 01/01/2020                     |

| HCA-SPONSORED COVERAGE                                     |   |
|--|---|
| MEDICAL COVERAGE PROVIDED BY: UNIFORM MEDICAL PLAN CLASSIC | MEDICAL PREMIUM: \$295.00   |
|  | TOBACCO SURCHARGE: \$0.00   |
|  | SPOUSAL/STATE-REGISTERED DOMESTIC PARTNER PREMIUM SURCHARGE: \$0.00 |
| DENTAL COVERAGE PROVIDED BY: WILLAMETTE DENTAL GROUP       | DENTAL PREMIUM: \$0.00  |
| VISION COVERAGE PROVIDED BY: UNIFORM VISION PLAN           | VISION PREMIUM: \$0.00  |
|  | TOTAL MONTHLY PREMIUM: \$295.00                                     |

| HCA LIFE INSURANCE COVERAGE  |  |
|--|--|
| ALL LIFE INSURANCE IS ADMINISTERED BY METLIFE. IF YOU HAVE QUESTIONS ABOUT YOUR COVERAGE, CONTACT METLIFE AT 1-866-548-7139. |  |
| EMPLOYER-PAID COVERAGES:   |  |
| Default Life   |  |
| Default ADD  |  |

OPTIONAL COVERAGES:  
PLEASE VISIT METLIFE AT [WWW.MYBENEFITS.METLIFE.COM/WAPEBB](http://WWW.MYBENEFITS.METLIFE.COM/WAPEBB) TO VIEW YOUR OPTIONAL INSURANCE ELECTIONS, OR CALL METLIFE AT 1-866-548-7139.

## Update an employee's account

This requires SEBB My Account Admin or Edit access.

The following updates may be made by the employee at any time during the year.

### Correct an employee's Social Security number

Every effort should be made to enter a valid Social Security number (SSN) at the time of enrollment.

**Note:** It is very important to promptly key accurate SSNs (or other applicable TINs) for employees and dependents. SSNs must be used when preparing Internal Revenue Service (IRS) Forms 1095. IRS can assess significant employer penalties if SSNs are inaccurate or missing from forms provided to employees or filed with IRS (Internal Revenue Code 6721 and 6722).

If it is not possible to do at that time or the number is entered incorrectly, the record may be updated later. Employees cannot update their own SSN in SEBB My Account.

1. Log into SEBB My Account. Follow the steps in [‘Manage an employee’s record’](#) section of this manual to access the employee’s record.
2. Select the ‘Manage associated subscriber’ button. The employee’s record displays.
3. Select the ‘Employment’ tab.

The screenshot shows the 'Manage employee information' form with the 'Employment' tab selected. The form contains the following fields and values:

- Last name\***: Benefits
- First name\***: Jane
- Middle name**: (empty)
- SSN\***: 523852852
- Suffix**: JR, SR
- Birth date\***: 10/05/1980
- Birth sex\***: Female
- Email**: amy.corrigan@hca.wa.gov
- Home phone number**: (empty)
- Work phone number**: (empty)
- Anticipated 630 hours/year\***: Yes
- Employee monthly salary**: 0
- Hire date\***: 07/01/2019
- Is this employee represented?\***: No
- Eligibility reason\***: Newly Eligible Member
- Benefit eligibility date\***: 07/01/2019
- Terminate subscriber:**
  - Termination Reason**: (empty)
  - Termination effective date**: (empty)

4. Make the change to the SSN and any other available fields.
5. Click ‘Submit changes’.

## Correct a dependent's Social Security number

Every effort should be made to enter a valid Social Security number at the time of enrollment. If it is not possible to do so, once a valid SSN is received, update the record.

**Note:** It is very important to promptly key accurate SSNs (or other applicable TINs) for employees and dependents. SSNs must be used when preparing Internal Revenue Service (IRS) Forms 1095. IRS can assess significant employer penalties if SSNs are inaccurate or missing from forms provided to employees or filed with IRS (Internal Revenue Code 6721 and 6722).

Employees can update their dependents' SSN in SEBB My Account.

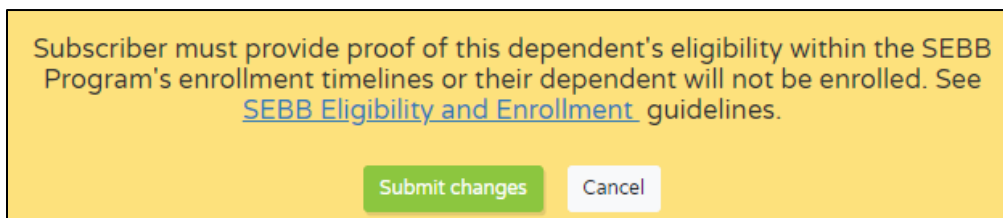
1. Log into SEBB My Account. Follow the steps in ['Manage an employee's record'](#) section of this manual to access the employee's record.
2. Select the 'Manage associated subscriber' button. The employee's record displays.
3. Select the 'Members' tab.

The screenshot shows the 'Manage associated subscriber' page in the SEBB My Account system. At the top, there is a search bar and buttons for 'Add new subscriber' and 'Manage associated subscriber'. Below this is a table with columns: First name, Middle name, Last name, SSN, Birth date, Member type, and Employer name. The table contains one entry for Jane, with SSN XXX-XX-2852 and birth date 10/5/1980. Below the table, there is a section titled 'Currently managing: Jane Benefits' with tabs for Employment, Current Coverage, Coverage Elections, Supplemental Coverage, Attestations, Members, Upload, Special Open Enrollment, and Profile. The 'Members' tab is selected, showing a list of members associated with the account: Benefits, Jane (Self), Benefits, Spouse (Denied), Benefits, Son (Pending verification), and Benefits, Baby (Verified). An 'Add dependent' button is also present.

4. Click the '+' next to the dependent's name.

The screenshot shows the 'Add dependent' form in the SEBB My Account system. The form is titled 'Benefits, Baby' and includes a 'Verified' status. The form fields are: Last name\* (Benefits), First name\* (Baby), Middle name, SSN\*, Suffix (JR, SR), Birth date\* (07/09/2019), Birth sex\* (Female), Relation to subscriber\* (Child), and Qualifying reason\* (Dependent (not disabled or extended)). There are checkboxes for 'This person currently has no social security number' and 'Residential address is the same as subscriber'. At the bottom, there are buttons for 'Submit changes', 'Upload dependent verification documents', 'Cancel changes', and 'Remove dependent'.

5. If the 'This person currently has no Social Security number' checkbox is selected. Click to remove the checkmark.
6. Enter or correct the Social Security number.
7. Click "Submit changes". A message displays indicating proof of the dependents' eligibility is required.



8. Click "Submit changes".

## Change the employee's address, email address and/or phone numbers

Employees can update their email address and phone numbers in SEBB My Account.

Employees cannot update their address(es). The employee must submit the address change to their Benefits Administrator to be updated in SEBB My Account. This will ensure the employees' address is corrected in both your payroll system and in SEBB My Account.

1. Log into SEBB My Account. Follow the steps in '[Manage an employee's record](#)' section of this manual to access the employee's record.
2. Select the 'Manage Associated Subscriber' button. The employee's record displays.
3. Select the 'Profile' tab.

|                                     | First name | Middle name | Last name | SSN         | Birth date | Member type | Employer name            |
|-------------------------------------|------------|-------------|-----------|-------------|------------|-------------|--------------------------|
| <input checked="" type="checkbox"/> | Jane       |             | Benefits  | XXX-XX-2852 | 10/5/1980  | Subscriber  | ADNA SCHOOL DISTRICT 226 |

1 - 1 of 1 items

Currently managing: Jane Benefits

Employment | Current Coverage | Coverage Elections | Supplemental Coverage | Attestations | Members | Upload | Special Open Enrollment | Profile

### Manage subscriber account information

- + Contact information
- + Residential address - This address is used to determine medical carrier availability in your area.
- + Mailing address - This address is used to receive mailed correspondence from HCA and your carriers.
- + Billing address - This address is used in the event that your organization is not making payments on your behalf.



4. Click the '+' next to the address you want to update.
5. Enter the updated address.
6. Repeat steps if additional addresses need to be updated.
7. Click 'Submit changes'.

## Change the dependent's address, email address and/or phone numbers

Employees cannot update their dependent's address(es). The employee must submit the address change to their Benefits Administrator to be updated in SEBB My Account.

1. Log into SEBB My Account. Follow the steps in ['Manage an employee's record'](#) section of this manual to access the employee's record.
2. Select the 'Manage associated subscriber' button. The employee's record displays.
3. Click the 'Members' tab.
4. If the 'Residential address is the same as subscriber' checkbox is selected, click to unselect the checkbox. The residential address fields open.

Suffix: JR, SR      Birth date\*: 05/06/1975      Birth sex\*: Male

☐ Residential address is the same as subscriber

**Residential address**

Address line 1\*: Street #, Street

Address line 2: Unit #, Suite #

City\*:      State/Province\*County\*:      Zip code\*:      Country\*: United States

Relation to subscriber\*: Spouse/state-registered domestic partner      Qualifying reason\*: Married Spouse

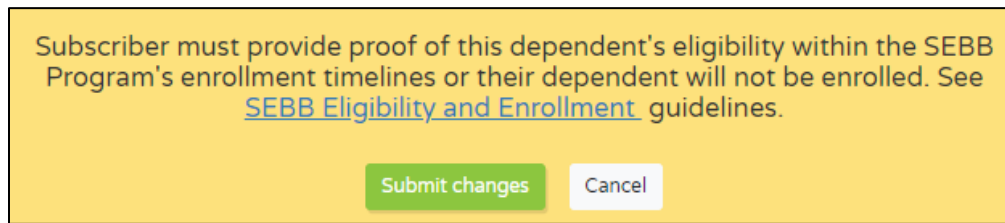
Partnership start date\*: 02/15/2015

**Submit changes**      Upload dependent verification documents      Cancel changes

☐ Remove dependent

5. Enter the dependent's address.

6. Click 'Submit changes'. A message displays indicating proof of the dependents eligibility is required.



7. Click "Submit changes".

## Make changes to an employee's account

Employees may make changes to their account each year during annual open enrollment or throughout the year when the employee experiences a life event that triggers a special open enrollment.

### Annual open enrollment

Changes made during annual open enrollment are effective January 1 of the following year. The employee must submit the changes no later than the last day of open enrollment.

During annual open enrollment employees may:

- Change medical, dental, and vision plans.
- Return from waive status without proof of loss (Premium surcharge attestation(s) are required).
- Waive medical coverage if they have other employer-based medical, TRICARE, or Medicare.
- Add eligible dependents without proof of loss (dependent verification and premium surcharge attestation(s) are required).
- Remove dependents
- Change premium payment plan (IRC Section 125) waiver status.
- Change the IRC tax status of a dependent.
- Enroll or reenroll in a Medical Flexible Spending Arrangement (FSA) and/or Dependent Care Assistance Program.
- Attest or reattest to the spouse or state-registered domestic partner premium surcharge, if applicable. Employees will be notified if they need to reattest during annual open enrollment.

### Special Open Enrollment

Certain life events allow employees to make changes to their account (like health plan or enrolling a dependent) outside of annual open enrollment.

The employee must provide proof of the event and dependent verification if adding dependents. SEBB Administrative Policy 45-2, Addendum 45-2A provides guidance on allowable changes and required proof of the event.

## Change plans and add/remove dependents

1. Log into SEBB My Account. Follow the steps in '[Manage an employee's record](#)' section of this manual to access the employee's record.
2. Select the 'Manage associated subscriber' button. The employee's record displays.
3. Select the 'Life change' tab. From the drop-down, select the life event that triggered the special open enrollment.

Currently managing: Daisy Duck

Employment | Current Coverage | Coverage Elections | Supplemental Coverage | Attestations | Members | Upload | Life Change | Profile

### Special Open Enrollment

**Special open enrollment guidelines**

A special open enrollment is a period of time after specific life events (such as a birth or marriage) when subscribers may make changes outside of the SEBB Program's annual open enrollment. During the special open enrollment, subscribers may change health plans, enroll or remove dependents from coverage, or enroll in or waive enrollment in SEBB medical. Employees eligible to participate in the salary reductions plan may enroll in or revoke their election (or make a new election) under the Dependent Care Assistance Program, Medical Flexible Spending Arrangement, or the premium payment plan.

The SEBB Program allows changes outside of the SEBB Program's annual open enrollment when certain events create a special open enrollment. The change in enrollment must be allowable under the Internal Revenue Code and Treasury Regulations, and correspond to and be consistent with the event that creates the special open enrollment for the employee, the employee's dependents, or both.

The Internal Revenue Code and Treasury Regulations require the change must correspond and be consistent with the event that affects eligibility for coverage. You must provide proof of the event that created the special open enrollment (for example, a marriage certificate or birth certificate).

Submit a request for special open enrollment:

Life change:  Date of event:

| Event Type            | Event Date | Status | Reason | Enrollment Period E... |
|-----------------------|------------|--------|--------|------------------------|
| No records available. |            |        |        |                        |

0 - 0 of 0 items

4. Enter the date of the event.
5. Select 'Submit'. The event displays.
6. Select the checkbox next to the event. A list of allowable actions becomes available. These options will change based on the type of event.

Submit a request for special open enrollment:

Life change:  Date of event:

| Event Type  | Event Date | Status  | Reason   | Enrollment Period Ends |
|---|------------|---------|----------|------------------------|
| <input checked="" type="checkbox"/> Dependent's change in employment status | 6/15/2019  | Pending | Received | 8/14/2019              |

1 - 1 of 1 items

Actions available under your special open enrollment for **Dependent's change in employment status** on Jun 15, 2019:

- > Make Plan Elections ☒ Steps Complete
- > Waive Medical Plan
- > Return from waived ☒ Steps Complete
- > Remove Existing Dependents
- > Add New Dependents

7. Select the change the employee wants to make to expand the option.

> Make Plan Elections ✓ Steps Complete

> Waive Medical Plan

> Return from waived ✓ Steps Complete

> Remove Existing Dependents

▼ Add New Dependents

1 Add dependents 2 Submit documentation for dependent(s) 3 Make attestations

Members associated with this account ➕ Add dependent

- + Duck, Daisy (Self)
- + Duck, Donald Verified
- + Duck, Louie Pending verification
- + Duck, Huey Pending verification

8. Select the first step. In the example above, 'Add dependents' is the first step.

9. Choose the 'Add dependent' button. A 'New' line displays.

10. Click on the + to enter the required data into the fields.

--New--

Last name\* First name\*

Middle name SSN\* XXX-XX-XXXX

☐ This person currently has no social security number

Suffix Birth date\* Birth sex\*

JR, SR mm/dd/yyyy 📅

☒ Residential address is the same as subscriber

Relation to subscriber\* Qualifying reason\*

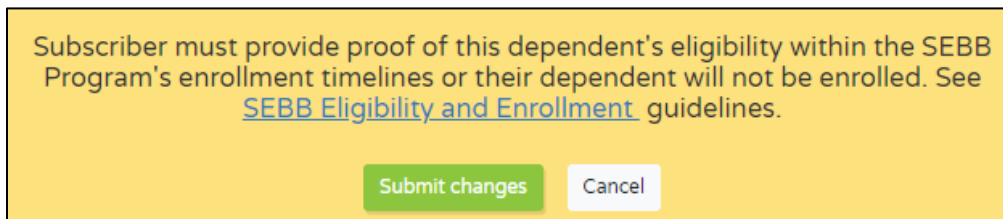
Submit changes Cancel changes Remove dependent

11. Enter the required demographic information. If the employee does not have the dependent's Social Security number, select the 'This person has no social security number' checkbox. The system will assign a temporary SSN. Follow-up with the employee to obtain a valid SSN for the dependent.

**Note:** It is very important to promptly key accurate SSNs (or other applicable TINs) for employees and dependents. SSNs must be used when preparing Internal Revenue Service (IRS) Forms 1095. IRS can assess significant employer penalties if SSNs are inaccurate or missing from forms provided to employees or filed with IRS (Internal Revenue Code 6721 and 6722).

12. Choose the relationship to the subscriber from the drop-down. Select the qualifying reason from the drop-down.

13. 'Submit changes'. A message displays indicating proof of the dependents' eligibility is required.



13. Click 'Submit changes' again. The dependents information will collapse with just their name and an indication the dependent is pending verification displaying.

14. Select the second step. In the example, upload the dependent verification documents and proof of the event.

A screenshot of the SEBB My Account interface. At the top, there is a progress bar with three steps: 1. Add dependents (marked with a green checkmark), 2. Submit documentation for dependent(s) (marked with a green circle and the number 2), and 3. Make attestations (marked with a grey circle and the number 3). Below the progress bar, the main content area is titled "Document upload". Under this title, there is a section "Eligibility document guidelines" which contains several paragraphs of text and links: "All dependents must be verified (i.e., submit valid dependent verification) when added to an employee's account before they can be enrolled on the employee's coverage. An employee must submit valid dependent verification to their payroll or benefit office, or uploaded into SEBB My Account, no later than: Newly eligible employees: 31 days after the date of eligibility. Special open enrollment: 60 days after the date of qualifying event. Annual open enrollment: No later than the last date of annual open enrollment. An eligible dependent is defined in WAC 182-31-140. Accepted dependent verification documents Certification of dependent of disability All documents must be submitted in English, or notarized translation document." Below this is a section "Special open enrollment document guidelines" which contains: "Valid supporting documentation for life change events must be submitted before the enrollment closing date as indicated on each submitted special open enrollment request. Accepted special open enrollment verification documents". At the bottom of the form, there is a "Select files..." button and a text indicating "Allowed file types: pdf, jpg, jpeg, png".

15. Click 'Select files...' Browse to the documents. Select 'Open'. The documents are uploaded.

**Eligibility document guidelines**

All dependents must be verified (i.e. submit valid dependent verification) when added to an employee's account before they can be enrolled on the employee's coverage. An employee must submit valid dependent verification to their payroll or benefit office, or uploaded into SEBB My Account, no later than:

**Newly eligible employees:** 31 days after the date of eligibility.  
**Special open enrollment:** 60 days after the date of qualifying event.  
**Annual open enrollment:** No later than the last date of annual open enrollment.

An eligible dependent is defined in WAC 182-31-140.

[Accepted dependent verification documents](#)

[Certification of dependent of disability](#)

All documents must be submitted in English, or notarized translation document.

**Special open enrollment document guidelines**

Valid supporting documentation for life change events must be submitted before the enrollment closing date as indicated on each submitted special open enrollment request.

[Accepted special open enrollment verification documents](#)

Select files...

Billing File Sample.pdf 30.91 KB

SEBBListBillCriteriaforAgencies.pdf 93.30 KB

Allowed file types: pdf, jpg, jpeg, png

**Associate documents**

Billing File Sample.pdf Document type

SEBBListBillCriteriaforAgencies.pdf Document type

**Verification applicable to:**

☐ Donald Duck - Verified  
☐ Teal Duck - Pending  
☐ Louie Duck - Pending  
☐ Huey Duck - Pending

☐ Change Under Other Employer-based Group Health Plan's Open Enrollment - Jun 15, 2019 - Pending  
☐ Dependent's change in employment status - Jun 15, 2019 - Pending

☐ Donald Duck - Verified  
☐ Teal Duck - Pending  
☐ Louie Duck - Pending  
☐ Huey Duck - Pending

☐ Change Under Other Employer-based Group Health Plan's Open Enrollment - Jun 15, 2019 - Pending  
☐ Dependent's change in employment status - Jun 15, 2019 - Pending

Clear Upload document

16. Select the document type from the drop-down.

17. Select the checkbox next to the dependent(s) the document applies to.

18. Click 'Upload document.' The Confirmation of proof of eligibility message displays. Click 'OK.'

19. Select the next step in the process. In our example it is premium surcharge attestations.

### Premium surcharge attestations

Verify that the surcharges below apply to this subscriber by checking the appropriate box(es) then click the **Continue** button at the bottom to submit.

#### Tobacco use premium surcharge

[Learn about this surcharge](#) before you change your attestation.

**Events that require a change:** Subscriber *must* change your attestation when subscriber or subscriber's enrolled family members' (ages 13 and older) tobacco use status changes.  
If you check YES or leave the checkboxes blank for subscriber or any family members listed below, subscriber will pay the monthly surcharge

**Note:** Enrolled family members ages 12 and younger are automatically defaulted to NO. subscriber does not need to reattest when the family member turns age 13 unless the family member uses, or begins using, tobacco products.

Has this person used tobacco products in the last two months? If he or she is enrolled in our SEBB medical plan's tobacco cessation program (if age 18 or older) or has accessed information or resources in [Smokefree Teen](#) (if ages 13-17), select NO.

| Member Name | Response<br><input type="checkbox"/> All YES? <input checked="" type="checkbox"/> All NO? | Date Started                            |
|-------------|---|---|
| Daisy Duck  | <input type="text" value="No"/>   | <input type="text" value="mm/dd/yyyy"/> |
| Donald Duck | <input type="text" value="No"/>   | <input type="text" value="mm/dd/yyyy"/> |
| Huey Duck   | <input type="text" value="No"/>   | <input type="text" value="mm/dd/yyyy"/> |
| Louie Duck  | <input type="text" value="No"/>   | <input type="text" value="mm/dd/yyyy"/> |
| Teal Duck   | <input type="text" value="No"/>   | <input type="text" value="mm/dd/yyyy"/> |

#### Spouse or state-registered domestic partner coverage surcharge

[Learn about this surcharge](#) before you change your attestation.

- Are you covering your spouse or state-registered domestic partner in a medical plan for the benefit year?  
☐ No ☒ Yes
- Will your spouse or state-registered domestic partner be eligible for medical coverage through his or her employer for the benefit year?  
☒ No ☐ Yes

Subscriber may have to pay the spouse or state-registered domestic partner coverage surcharge in 2020. [Go to the 2020 spousal plan calculator](#) to determine.

After completing the 2020 spousal plan calculator, did the calculator indicate the spouse or state-registered domestic surcharge coverage applies to Subscriber in 2020?

☐ Yes, subscriber will pay the \$50-per-month spouse or state-registered domestic partner coverage surcharge in 2020  
☒ No, the spouse or state-registered domestic partner coverage surcharge does not apply in 2020.

20. Select the tobacco use attestation from the drop-down. Dependents under the age of 13 will default to 'No'. All others will default to 'Yes'.

21. If the response to tobacco use was 'Yes', enter start date of tobacco use in the 'Date started' field.

22. If the employee added a spouse, enter the employee's responses to the spousal attestation questions.

23. Select 'Continue'. The attestation alerts display. Select 'OK' to the alerts.

24. The confirmation displays. 'Confirm' the surcharges.

## Transfer an employee

Transferring an employee to another SEBB organization requires SEBB My Account Admin or Edit access.

Employees transferring between SEBB organizations within the same month or a consecutive month will have uninterrupted coverage if the employee is eligible for SEBB benefits in the position they are leaving and are anticipated to be eligible in the new position.

The employee's elections for benefits remain the same.

## Losing SEBB organization

1. Log into SEBB My Account. Follow the steps in [‘Manage an employee’s record’](#) section of this manual to access the employee’s record.
2. Select the ‘Manage associated subscriber’ button. The employee’s record displays.
3. Select the ‘Employment’ tab.

The screenshot shows the 'Manage employee information' form in the SEBB My Account system. At the top, it says 'Currently managing: Daisy Duck'. Below this is a navigation bar with tabs: Employment, Current Coverage, Coverage Elections, Supplemental Coverage, Attestations, Members, Upload, Life Change, and Profile. The 'Employment' tab is selected. The form contains several sections for entering employee data:

- Personal Information:** Last name (Duck), First name (Daisy), Middle name, SSN (987654321), Suffix (JR, SR), Birth date (12/26/1989), Birth sex (Female), Email (amy.corrigan@hca.wa.gov), Home phone number, and Work phone number.
- Employment Details:** Anticipated 630 hours/year (Yes), Employee monthly salary (0), Hire date (07/01/2019).
- Subscriber Information:** Is this employee represented? (No), Effective end date (mm/dd/yyyy), Eligibility reason (Newly Eligible Member), and Benefit eligibility date (07/01/2019).
- Termination Options:** A section for 'Terminate subscriber' with a dropdown for Termination Reason, a date field for Termination effective date, and a checkbox for 'Also terminate employment?'. Below this is a 'Transfer subscriber' section with a date field for Termination effective date.

At the bottom of the form are two buttons: 'Submit changes' and 'Cancel changes'.



4. In the 'Transfer subscriber' section, enter the last day of work for the employee in the Termination effective date field.

The screenshot displays a web form for managing employee information. The 'Transfer subscriber' section is highlighted with a gray bar. In this section, the 'Termination effective date' field is set to 07/31/2019. Below this, a confirmation message asks, 'Are you sure you want to transfer this subscriber?'. A 'Transfer subscriber' button is located at the bottom of this section. The form also includes fields for personal information (Middle name, SSN, Suffix, Birth date, Birth sex, Email, Home phone number, Work phone number), employment details (Anticipated 630 hours/year, Employee monthly salary, Hire date), and eligibility information (Is this employee represented?, Effective end date, Eligibility reason, Benefit eligibility date). A 'Terminate subscriber' section is also present, with a 'Termination Reason' dropdown and a 'Termination effective date' field. At the bottom of the form, there are 'Submit changes' and 'Cancel changes' buttons.

|  |                            |   |                           |
|--|----------------------------|---|---------------------------|
| Middle name  | SSN*                       |   |                           |
|  | 987654321                  |   |                           |
| Suffix   | Birth date*                | Birth sex*  |                           |
| JR, SR   | 12/26/1989                 | Female  |                           |
| Email  |                            |   |                           |
| amy.corrigan@hca.wa.gov                            |                            |   |                           |
| Home phone number                                  |                            |   |                           |
|  |                            |   |                           |
| Work phone number                                  |                            |   |                           |
|  |                            |   |                           |
| Anticipated 630 hours/year*                        | Employee monthly salary    | Hire date*  |                           |
| Yes  | 0                          | 07/01/2019  |                           |
| Is this employee represented?*                     | Effective end date*        | Eligibility reason*                                 | Benefit eligibility date* |
| No   | mm/dd/yyyy                 | Newly Eligible Member                               | 07/01/2019                |
| Terminate subscriber:                              |                            |   |                           |
| Termination Reason                                 | Termination effective date | <input type="checkbox"/> Also terminate employment? |                           |
|  | mm/dd/yyyy                 |   |                           |
| Transfer subscriber:                               |                            |   |                           |
| Termination effective date:                        |                            |   |                           |
| 07/31/2019   |                            |   |                           |
| Are you sure you want to transfer this subscriber? |                            |   |                           |
| Transfer subscriber                                |                            |   |                           |
| Submit changes                                     |                            | Cancel changes                                      |                           |

5. Click the gray 'Transfer subscriber' bar.

## Gaining SEBB organization

After the SEBB organization has transferred their former employee out, the employee's new SEBB organization has the ability to claim that employee's record.

1. Log into SEBB My Account.

2. From the Administrative dashboard, click 'Manage subscribers'. The 'Manage members' page opens.

3. Click 'Add new subscriber'. The Add subscriber fields display.

4. Enter the employee's Social Security number in the SSN field.
5. Click the calendar button adjacent to the Benefit Eligibility Date field, select the date the employee became eligible to apply for benefits. Format mm/dd/yyyy. (See the *Eligibility Terminology* section of this manual).

6. Click 'Next'. The 'Transfer record found' message displays.

**Manage subscribers**

Use this section to perform the following actions for subscribers (employees):


- Review your subscriber's current account information and coverage selections.
- View and/or print your subscriber's Statement of Insurance.
- Review your subscriber's enrollment, dependents and benefit elections.

Search: Duck Add new subscriber

| First name            | Middle name | Last name | SSN | Birth date | Member type | Employer name |
|-----------------------|-------------|-----------|-----|------------|-------------|---------------|
| No records available. |             |           |     |            |             |               |

0 - 0 of 0 items

**Add subscriber**

 Transfer record found

Duck, Daisy, 987654321

[Claim](#) [Cancel](#)

7. Click 'Claim'. The employee record opens. Review and update information if necessary.

**Add subscriber**

Last name\* Duck First name\* Daisy

Middle name SSN\* 987654321

Email amy.corrigan@hca.wa.gov

Suffix Birth date\* 12/26/1989 Birth sex\* Female

Home phone number

Work phone number

Eligibility reason\* Benefit eligibility date\* 08/01/2019 Anticipated 630 hours/year\* Employee monthly salary

Hire date\* mm/dd/yyyy

Is this employee represented?\* No

[Submit changes](#) [Upload dependent verification documents](#) [Cancel changes](#)

8. Select the 'Eligibility reason' from the drop-down menu.

9. Select 'Yes' or 'No' to 'Anticipated 630 hours/year'.

10. Enter the employee's first day of work in the 'Hire date' field.

11. Click 'Submit changes'.

## Termination coverage and/or employment

Including: Employment ending, death of the employee, authorized unpaid leave, layoff due to lack of funds or an organizational change, retirement, and loss of eligibility.

1. Log into SEBB My Account. Follow the steps in ['Manage an employee's record'](#) section of this manual to access the employee's record.
2. Select the 'Manage associated subscriber' button. The employee's record displays.
3. Select the 'Employment' tab.

Employment Current Coverage Coverage Elections Supplemental Coverage Attestations Members Upload Life Change Profile

### Manage employee information

Last name\* Schmoe First name\* Joe

Middle name SSN\* 123090987

Suffix JR, SR Birth date\* 12/15/1987 Birth sex\* Male

Email amy.corrigan@hca.wa.gov

Home phone number

Work phone number

Anticipated 630 hours/year\* Yes Employee monthly salary 0 Hire date\* 07/15/2019

Is this employee represented?\* No Effective end date\* mm/dd/yyyy Eligibility reason\* Newly Eligible Member Benefit eligibility date\* 07/16/2019

**Terminate subscriber:**

Termination Reason Termination effective date mm/dd/yyyy ☐ Also terminate employment?

**Transfer subscriber:**

Termination effective date: mm/dd/yyyy

Submit changes Cancel changes

4. In the 'Terminate subscriber' section, select the reason for the termination from the drop-down menu.

|  |
|--|
| <b>Termination reasons</b>                       |
| Employment ending/ineligible position            |
| Termination – gross misconduct                   |
| Approved LWOP                                    |
| Layoff   |
| Death  |
| Applying for disability retirement               |
| Employee waives/dependent voluntarily terminates |
| USERRA or educational leave                      |
| Reversion due to layoff                          |

5. Enter the last day the employee worked in the 'Termination date' field.

Benefits end the last day of the month in which the employee was eligible for benefits. For example, an employee retires effective June 20, enter June 20 in the 'Termination date' field. Benefits will continue until the end of the month in which the employee terminated. In this example benefits would end June 30.

6. If the employee is also terminating employment, select the 'Also terminate employment?' checkbox.
7. Click the gray 'terminate coverage' bar.

## Reinstatement

Including: Employees returning from approved leave.

1. Log into SEBB My Account. Follow the steps in [‘Manage an employee’s record’](#) section of this manual to access the employee’s record.
2. Select the ‘Manage associated subscriber’ button. The employee’s record displays.
3. Select the ‘Employment’ tab.

The screenshot shows the 'Manage employee information' form in the SEBB My Account system. At the top, it says 'Currently managing: Mickey Mouse'. Below this is a navigation bar with tabs: Employment, Current Coverage, Coverage Elections, Supplemental Coverage, Attestations, Members, Upload, Life Change, and Profile. The 'Employment' tab is selected. The form contains several sections: 'Manage employee information' with fields for Last name (Mouse), First name (Mickey), Middle name, SSN (123528523), Suffix (JR, SR), Birth date (11/12/1994), Birth sex (Male), Email (amy.corrigan@hca.wa.gov), Home phone number, and Work phone number. Below these are fields for Anticipated 630 hours/year (Yes), Employee monthly salary (0), Hire date (07/01/2019), Is this employee represented? (No), Eligibility reason (Newly Eligible Member), Benefit eligibility date (07/01/2019), Termination reason (Approved LWOP), and Benefit termination date (01/01/2020). At the bottom, there is a 'Transfer subscriber' section with a 'Termination effective date' field (mm/dd/yyyy) and two buttons: 'Submit changes' and 'Cancel changes'.

4. From the Eligibility reason drop-down, select ‘Newly eligible member’ from the Eligibility reason drop-down menu.
5. Enter the benefits eligibility date. This is the date the employee returned to work.
6. Click ‘Submit changes’.